OMB No.: 0584-0486 Expiration Date: 11/98

WORKING NONPARTICIPANT LONG INTERVIEW

Inte	erviewer ID:	_ _ _	_	Date Com	pleted:	 Month	/ _ /19 _ Day Year
MP	R ID: _	_ _				Wiorian	Day Tour
Nar	ne of Original	Responder	nt:				_
Nar	ne of Respon	dent:					_
	one Number:						
Tim	e Zone: 9 E	astern 9	Central	9 Mounta	in		
9 E	Elderly in Hous	sehold					
	Callbacks/Ap	opointments	;				
	Intv ID	Date	Time	Status	Callbacl	k Date	Callback Time
		/	A/P		/_		A/P
		/	A/P		/_		A/P
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	NOTES:						
STA	TUS CODES:						
21 22 23 24 25 27 28 29 30	CALLBACK/APPOINTM CALLBACK/NO APPOI NO ANSWER/BUSY ANSWERING MACHIN WRONG#/CHANGED # INITIAL REFUSAL(SCF INCOMPLETE/BREAKG RESPONDENT OUT O RESPONDENT WILL C NEEDS NEW LETTER OTHER	NTMENT E REENER COMPLETE OFF F TOWN	÷)	04 UNL 05 UNA 06 CHR 07 ANS	USAL DMPLETE/BREAI OCATABLE VAILABLE DURII ONIC NO ANSW WERING MACHI RIER (LANG/PHY	NG FIELD PE ER/BUSY NE	

QC: CODER: _____ DATE: ____

OMB No.: 0584-0486

INTERVIEWER ID #:	DATE: _ / /19 MONTH DAY YEAR
	TIME BEGAN: _ : AM01 PM02

WP & PE STUDY

Main Questionnaire: Working Nonparticipant--Long

A. HOUSEHOLD COMPOSITION

A1. Please tell me the first name or initials of each person who currently lives in your household starting with you. By household I mean people who live with you and share food with you.

PROBE: Include any persons who live with you more than half time.

- A2. How is (NAME) related to you? **ENTER CODE BELOW.**
- A3. How old (are you/is NAME)? **PROBE:** Your best estimate is fine.

Person	A1.	A2.	A3.
Number	First Name or Initials	Relationship	Age
1.		SELF	_ DON'T KNOW1
2.			_ DON'T KNOW1
3.		_	 DON'T KNOW1
4.		_	 DON'T KNOW1
5.		_	 DON'T KNOW1
6.			 DON'T KNOW1
7.		_	 DON'T KNOW1
8.			_ DON'T KNOW1
9.		_	 DON'T KNOW1
10.			 DON'T KNOW1

RELATIONSHIP CODES

01	MALE SPOUSE/PARTNER	06	GRANDMOTHER	11	OTHER MALE RELATIVE
02	FEMALE SPOUSE/PARTNER	07	SON/STEPSON		OR NONRELATIVE
03	FATHER/STEPFATHER	80	DAUGHTER/STEPDAUGHTER	12	OTHER FEMALE RELATIVE
04	MOTHER/STEPMOTHER	09	BROTHER/STEPBROTHER		OR NONRELATIVE
05	GRANDFATHER	10	SISTER/STEPSISTER		

A4.	I've recorded the following names (READ NAMES FROM A1). Is there anyone else such as babies or small children? Anyone who usually lives with you but is now away from home, or, anyone else staying here?					
	YES 01 !	GO BACK AND CORRECT A1-A3				
	NO	CORRECT AT-AS				

В.	KNOWLEDGE OF THE FSP
B0.	Before we talked to you about this survey, had you heard of food stamps or the Food Stamp Program?
	YES 01
	NO
B1.	As far as you know, did your family ever receive food stamp benefits when you were a child?
	YES 01
	NO
B2.	As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?
	YES 01
	NO
	DON'T KNOW1
B3 B8.	NO QUESTIONS THIS VERSION.

C.	FSP PARTICIPATION HISTORY
C1.	Have you received food stamp benefits in the past 3 years?
	YES
C2.	Over the course of your adult life have you ever received food stamp benefits
	YES
C2a.	Did you receive food stamp benefits for more than 3 months since February 1 1997?
	YES 01
	NO
	DON'T KNOW1
C3.	When was the last time you received food stamp benefits?
	19 MONTH YEAR
C3a.	INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?
	YES
	NO

C4.	How did you get your food stamp benefits in (DATE FROM C3)? Did you get coupons or credit to an EBT card?						
	PROBE: In Colorado, the EBT card is called Colorado Quest. In Massachusetts, the EBT card is called an EBT card. In Texas, the EBT card is called the Lone Star card. No EBT card in Minnesota, North Carolina or Pennsylvania.						
	COUPONS						
C4a.	What was the amount of food stamp benefits you received in (DATE FROM C3)?						
	\$,						
	DON'T KNOW1						
C5.	Did you stop receiving food stamp benefits in (DATE FROM C3) because you were notified that you were not eligible?						
	YES 01 ! SKIP TO C13a						
	NO						

	_
CIRCLE AL	L THAT APPL
NOT WORTH THE EFFORT FOR THE AMOUNT OF BENEFITS	. 01
NO LONGER NEEDED FOOD STAMP BENEFITS	. 02
EMBARRASSED USING FOOD STAMP BENEFITS	. 03
THOUGHT NO LONGER ELIGIBLE	. 04
THOUGHT SITUATION WOULD IMPROVE	. 05
HARD TO GET TO FOOD STAMP OFFICE .	. 06
PROCESS OF RECEIVING FOOD STAMP BENEFITS IS TOO LONG OR COMPLICATED	. 07
HAD TO ANSWER TOO MANY PERSONAL QUESTIONS	. 08
FAMILY MEMBERS DISAPPROVED OF MY/OUR RECEIVING FOOD STAMP BENEFITS	. 09
DO NOT LIKE TO RELY ON GOVERNMENT ASSISTANCE	. 10
OTHER PEOPLE NEEDED THEM MORE	. 11
NOT TREATED WELL BY STAFF	. 12
OFFICE IS VERY UNPLEASANT	. 13
OFFICE IN AN UNSAFE NEIGHBORHOOD	. 14
OTHER (SPECIFY)	. 15

NO	QUESTIONS THIS VERSION.
	he past 3 years, did you ever stop receiving food stamp benefits because you re notified that you were not eligible?
	YES
ber	nking about the last time you were found ineligible to receive food stamp nefits, what were the reasons? RECORD VERBATIM AND CIRCLE ALL AT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS02
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW1

SKIP TO C13c

	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB
	OTHER (SPECIFY) 07
	DON'T KNOW1
NO Q	UESTION THIS VERSION.
	you received food stamps in the past three years, did you ever do that people would not find out you received food stamp benefits?
PROE	3E: For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.
	YES 01
	NO 00

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or other customers?	01	00
b.	Were you embarrassed to use food stamp benefits?	01	00
C.	Did you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Did you feel that you really needed food stamp benefits to make it through the month?	01	00
e.	Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Did you have any difficulties arranging meetings with your caseworker at convenient times?	01	00
g.	Did food stamp office staff ever treat you disrespectfully?	01	00

C15. Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

NO .	 		_	 _	_	 	_			 	 _	_	_			00 !	SKIP TO) D1
YES	 					 			-	 						01		

C16.	Please describe those difficulties. RECORD VERBATIM				
		ı	11	ī	

D.	HISTORY OF APPLICA	TIONS
D1.		od stamp benefits in the past 3 years? By applied I mean eted a new application form?
	NO	
D2.	When was the last time 19 _ MONTH	you applied for food stamp benefits? YEAR
D3.	in (MONTH YEAR FROM When you applied for for also apply for any other	refer to the last time you applied for food stamp benefits M D2). od stamp benefits in (MONTH/YEAR FROM D2), did you kinds of public assistance such as Supplemental), AFDC, [FILL STATE WELFARE NAME], Medicaid, or
	Colorado Massachusetts Minnesota North Carolina Pennsylvania Texas	Colorado Works Transitional Aid to Families with Dependent Children MFIP Minnesota's Family Investment Program Work First Benefits TANF TANF
	YES	
	NO	00
	DON'T KNOW	1
D4a.	The last time you applied form to a food stamp off	d, did you or someone else mail or take the application ice?
	YES	01 ! SKIP TO D4c

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else? CIRCLE ONE AN SSI OFFICE, 01 A SENIOR CENTER, 02 A HOSPITAL, 03 SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05 D4c. Did you apply yourself or did an authorized representative apply for you? APPLIED MYSELF 01 AUTHORIZED REPRESENTATIVE 02 D4d. Where did (you/your authorized representative) have the interview with your caseworker? AT FOOD STAMP OFFICE 01 SKIP TO D4f SOMEWHERE ELSE (SPECIFY) 06 AT HOME 07

D4e.	Did you have your interview by telephone or did a caseworker come to your home?
	BY TELEPHONE
D4f.	The last time you applied, did you take time off from work to apply for food stamp benefits?
	YES 01
	NO
	DON'T KNOW1
	DOESN'T WORK4
D4g.	The last time you applied, did you have a lot of help with the application?
	YES 01
	NO 00 —
	DON'T KNOW

-		
	CIRCLE ALL	THAT APPL
	TRANSPORTATION TO THE OFFICE	01
	HAVING SOMEONE BE WITH ME AT THE FOOD STAMP OFFICE	02
	HAVING SOMEONE ELSE GO TO OFFICE INSTEAD OF ME	03
	TRANSLATION	04
	HELP FILLING OUT APPLICATION	05
	HELP OBTAINING NECESSARY DOCUMENTATION	06
	OTHER (SPECIFY)	07
		<u>.</u>
Who pro	ovided this help?	
	CIRCLE ALL	THAT APPL
	CASEWORKER	01
	RELATIVE, FRIEND, OR NEIGHBOR	02
	CLERGYMAN	03
	COMMUNITY WORKER (OUTREACH WORKER OR LEGAL AID	
	REPRESENTATIVE)	
	VOLUNTEER AT FOOD STAMP OFFICE	

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell?	01	00
b. NO QUESTION THIS VERSION.		
c. The number of people in your household changed?	01	00
d. NO QUESTION THIS VERSION.		
e. It was getting harder and harder to make ends meet?	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	01	00
g. NO QUESTION THIS VERSION.		
h. NO QUESTION THIS VERSION.		
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY)	01	00

D5a	_
いいれ	_ =

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "Y	ES" OR	"NO"
		YES	<u>NO</u>	N/A
a.	Was it difficult or expensive for you to get transportation to the food stamp office?	01	00	
b.	Did you have to go to the food stamp office even though your health or disability made it difficult?	01	00	
C.	Was it difficult for you to take time off from work to apply for food stamp benefits?	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits?	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office?	01	00	
f.	Did you have to wait a long time to be served at the food stamp office?	01	00	
	PROBE: A long time from your point of view.			
g.	Were staff at the food stamp office disrespectful?	01	00	
h.	Do you think the application form was too long and complicated?	01	00	
i.	Did your caseworker ask you questions that were too personal?	01	00	
j.	Was it difficult for you to get all the necessary paperwork?	01	00	
k.	Did you feel embarrassed having to apply for food stamps?	01	00	

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES	01	
NO	00!	SKIP TO D8

b.	Please describe those difficulties.	RECORD VERBATIM
	In the pact 2 years, did you ever h	pogin the food stamp application process

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES	01	
NO	00	
DON'T KNOW	-1	SKIP TO D10
REFUSED	-3 —	

D9. Why didn't you complete the application process at that time? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

_		
1		
l		

CIRCLE ALL THAT APPLY

DIDN'T THINK ELIGIBLE)1
BENEFIT TOO LOW)2
APPLICATION TOO TIME-CONSUMING 0)3
APPLICATION FORM TOO COMPLICATED)4
APPLICATION TOO PERSONAL 0)5
TOO MUCH PAPERWORK)6
DIDN'T KNOW HOW TO COMPLETE THE PROCESS)7
NOT TREATED WELL BY STAFF	8(
STIGMA/EMBARRASSMENT/PRIDE 0)9
HEALTH/MOBILITY PROBLEMS 1	0
LANGUAGE/LITERACY PROBLEMS 1	1
MY SITUATION CHANGED 1	2
TRANSPORTATION PROBLEM	3
HARD TO GET TIME OFF WORK 1	4
LOSE WAGES WHEN I GO TO FS OFFICE	5
OTHER (SPECIFY) 1	6

	the past 3 years, have you applied for food stamp benefits and been found eligible?
	YES 01
	NO
	DON'T KNOW1
ine	ninking about the last time you applied for food stamp benefits and were found eligible, why were you found ineligible? RECORD VERBATIM AND CIRCLE LL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS 02
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY) 07
	OTTIER (SI ESII 1)
	_

	the past 3 years, have you ever been found eligible for food stamp benefits be used them?
PI	ROBE: By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use an of them.
	YES 01
	NO 00
	DON'T KNOW
	ne last time that happened, why didn't you use them? RECORD VERBATIM ND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY MBARRASSED TO USE FOOD
	TAMP BENEFITS 01
N	OT TREATED WELL IN FOOD STORES 02
	O STORES NEARBY THAT ACCEPT OOD STAMP BENEFITS
	ID NOT LIKE TO SHOP AT STORES HAT ACCEPT FOOD STAMP BENEFITS 04
	OT TREATED WELL BY OFFICE/ ROGRAM 05
	DO HARD TO PICK UP COUPONS/ TAMPS06
_	TAMPS OR EBT CARD WERE LOST R STOLEN07
В	ENEFIT AMOUNT WAS TOO SMALL 08
DI	D NOT NEED FOOD STAMPS
0	THER (SPECIFY)

GO TO E1

D14.	Have you contacted the food stamp office to ask about food stamp benefits in the
	past 3 years?

D15. When was the last time you contacted the food stamp office to ask about food stamp benefits?

D16. Which of the following reasons led you to ask about food stamp benefits in (DATE FROM D15)?

b. NO QUESTION THIS VERSION. c. The number of people in your household changed?		<u>YES</u>	<u>NO</u>
c. The number of people in your household changed?	a. Your household income fell?	01	00
d. NO QUESTION THIS VERSION. e. It was getting harder and harder to make ends meet?	b. NO QUESTION THIS VERSION.		
e. It was getting harder and harder to make ends meet?	c. The number of people in your household changed?	01	00
 f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	d. NO QUESTION THIS VERSION.		
government programs, or other sources (such as food banks)?	e. It was getting harder and harder to make ends meet?	01	00
h. NO QUESTION THIS VERSION.		01	00
	g. NO QUESTION THIS VERSION.		
i. You learned about the program or your eligibility for food stamp benefits?	h. NO QUESTION THIS VERSION.		
	i. You learned about the program or your eligibility for food stamp benefit	s? 01	00
j. Some other reason? (SPECIFY)	j. Some other reason? (SPECIFY)	01	00
	_ _		

016a 016b.	NO QUESTIONS THIS VERSION.
D16c.	Why didn't you complete an application form at that time? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	DIDN'T THINK ELIGIBLE 01
	BENEFIT TOO LOW 02
	APPLICATION TOO TIME-CONSUMING 03
	APPLICATION FORM TOO COMPLICATED
	APPLICATION TOO PERSONAL 05
	TOO MUCH PAPERWORK 06
	DIDN'T KNOW HOW TO COMPLETE THE PROCESS07
	NOT TREATED WELL BY STAFF 08
	STIGMA/EMBARRASSMENT/PRIDE 09
	HEALTH/MOBILITY PROBLEMS 10
	LANGUAGE/LITERACY PROBLEMS 11
	MY SITUATION CHANGED 12
	TRANSPORTATION PROBLEM 13
	HARD TO GET TIME OFF WORK 14
	LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE
	OTHER (SPECIFY)

D17.-

D21. NO QUESTIONS THIS VERSION.

E. NON-PARTICIPATION

Now I would like to talk to you about the reasons you currently do <u>not</u> use food stamps.

	E1.				on't use	2. portant reason e food stamp	E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
a. Do you know where to go or who to contact to apply for food stamp benefits?	SKIP 01 ! TO E1b	00	-1	01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits?	SKIP 01 ! TO E1c	00	-1	01	00	-1	02
c. Do you think it would be hard to get to the food stamp office?	01	SKIP 00 ! TO E1d	SKIP -1! TO E1d	01	00	-1	03
d. Do you think the application process is too long and complicated?	01	SKIP 00 ! TO E1e	SKIP -1 ! TO E1e	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits?	01	SKIP 00 ! TO E1f	SKIP -1! TO E1f	01	00	-1	05
f. Do you think you would feel embarrassed applying for food stamp benefits?	01	SKIP 00 ! TO E1g	SKIP -1 ! TO E1g	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits?	01	SKIP 00 ! TO E1h	SKIP -1! TO E1h	01	00	-1	07
h. Can you get by on your own without food stamp benefits?	01	SKIP 00 ! TO E1i	SKIP -1 ! TO E1i	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do?	01	SKIP 00 ! TO E1j	SKIP -1! TO E1j	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits?	01	SKIP 00 ! TO E1k	SKIP -1 ! TO E1k	01	00	-1	10
k. Would you dislike relying on government assistance?	01	SKIP 00 ! TO E1I	SKIP -1! TO E1I	01	00	-1	11
Would other family members or friends discourage you from using food stamp benefits?	01	SKIP 00 ! TO E1m	SKIP -1! TO E1m	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully?	01	SKIP 00 ! TO E1n	SKIP -1! TO E1n	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe?	01	SKIP 00 ! TO E1o	SKIP -1! TO E1o	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary?	01	SKIP 00 ! TO E1p	SKIP -1 ! TO E1p	01	00	-1	15

p. Are there other important reasons why you do not use food stamp benefits that we have not just mentioned?	01	00 !	SKIP TO E3	-1!	SKIP TO E3	01	00	-1	16

E3.	INTERVIEWER: HOW MANY "YESES" ARE CIRCLED IN QUESTION E2?
	NONE 00 → SKIP TO E5 ONE 01 MORE THAN ONE 02
E4.	Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? RECORD IN COLUMN MARKED E4.
E5.	INTERVIEWER: WAS THE RESPONSE TO E1b "YES"?
	YES
E6.	You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.
	CIRCLE ONE RESPONSE
	\$10 OR LESS 01
	BETWEEN \$11 AND \$25 02
	BETWEEN \$26 AND \$50
	BETWEEN \$51 AND \$100 04
	BETWEEN \$101 AND \$150 05
	BETWEEN \$151 AND \$200 06
	BETWEEN \$201 AND \$300 07
	MORE THAN \$300 08
	DON'T KNOW1

GO TO E9

	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH
	TOO MANY ASSETS02
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DO NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW
•	ou think you are currently ineligible because you were told by someor ood stamp office that you are ineligible?
	YES 01
	NO
	you told this within the last month, within the last three months, with ear, or more than one year ago?
	WITHIN THE LAST MONTH 01
	WITHIN THE LAST 3 MONTHS 02
	WITHIN THE LAST YEAR
	MORE THAN ONE YEAR AGO 04

E8b.	ligible fo	or food	
	YES 01!	SKIP TO	D E9
	NO		
	DON'T KNOW1		
E8c.	Do you think you are ineligible because you know someone like ineligible?	you wh	no is
	YES 01		
	NO		
E9.	INTERVIEWER: WAS THE RESPONSE TO E1c "YES"?		
	YES 01		
	NO	SKIP TO	D E11
E10.	You said you think it would be hard to get to the food stamp offi	ice. Is t	his
		<u>YES</u>	NO NO
	Because it is difficult or expensive to get transportation?	01	00
	b. Because of difficulties you have getting around?	01	00
	c. Because of difficulties you would have taking time off work?	01	00
	d. Because you would lose pay going to the food stamp office?	01	00
	e. Because you would have to pay for someone to take care of someone in your home?	01	00
	f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00

E11.	INTERVIEWER: WAS THE RESPONSE TO E1d "YES"?			
	YES	SKIP 1	ΓΟ E13	
E12.	You think the application process would be too long and complied this	cated.		
		<u>YES</u>	<u>NO</u>	
	a. Because you think you would have to wait a long time to be served?	01	00	
	PROBE: A long time from your point of view.			
	b. Because you think the application form is too long and complicated?	01	00	
	c. Because you think it would be difficult to get all the necessary paperwork?	01	00	
	d. Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00	
E12a.	INTERVIEWER: WAS THE RESPONSE TO PART "a" OF E12	2 "YES	"?	
	YES 01			
	NO	SKIP 1	ΓΟ E13	
E12b.	You said you would have to wait a long time to be served. How you would have to wait? Would it be	long de	o you thi	nk
	15 minutes or less? 01			
	16 to 30 minutes?			
	31 minutes to one hour? 03			
	Or, more than one hour? 04			
	DON'T KNOW1			

E13.	INTERVIEWER: WAS THE RESPONSE TO E1e "YES"?				
	YES				
E14.	You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?				
	CIRCLE ALL THAT APPLY				
	WHO LIVES IN HOUSEHOLD 01				
	CITIZENSHIP 02				
	DISABILITIES 03				
	RESOURCES/ASSETS 04				
	INCOME 05				
	MEDICAL EXPENSES 06				
	DEPENDENT-CARE EXPENSES 07				
	SHELTER EXPENSES 08				
	CHILD-SUPPORT PAYMENTS 09				
	OTHER (SPECIFY)				
	<u> </u>				
E15.	INTERVIEWER: WAS THE RESPONSE TO E1g "YES"?				
	YES 01				
	NO				
E16.	You said you think you are eligible for only a small amount of food stamp benefits.				

E16a.	Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?				
	YES 01				
	NO	•			
	DON'T KNOW	bС			
E16b.	Were you told this within the last month, within the last three months, within the last year, or more than one year ago?	Э			
	WITHIN LAST MONTH 01				
	WITHIN LAST 3 MONTHS 02				
	WITHIN THE LAST YEAR 03				
	MORE THAN ONE YEAR AGO 04				
	DON'T KNOW1				
	GO TO E17				
E16c.	Were you told by someone at another program that you were eligible for only a small amount of food stamp benefits?	ì			
	YES 01 ! SKIP TO E17				
	NO				
	DON'T KNOW1				
E16d.	Do you think that you would receive only a small amount of benefits because y know someone like you who receives only a small amount of benefits?	⁄ou			
	YES 01				
	NO				
	DON'T KNOW1				

E17.	INT	ERVIEWER: WAS THE RESPONSE TO E1n "YES"?		
		YES	KIP TO	E19
E18.		u thought the food stamp office would be very unpleasant or e? Is this	you wo	uld not be
			<u>YES</u>	<u>NO</u>
	a.	Because the inside of the building would be unpleasant?	01	00
	b.	Because you wouldn't like waiting with the other applicants?	01	00
	C.	Because the office would be in an unsafe neighborhood?	01	00
	d.	Because of something else? (SPECIFY)	01	00
E19.		you agree with the statement made by some people that "itsd stamp benefits if you pay taxes"?	s OK to	receive
		YES 01		
		NO		

F.	RECEIPT OF FOOD ASSISTANCE
F0.	INTERVIEWER: CHECK QUESTION A3. IS ANYONE IN THIS HOUSEHOLD AGE 60 OR OLDER?
	YES
F1.	During the past 12 months, did (you/anyone in the household) ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?
	PROBE: By facility we mean places such as a senior center or community center or some other special place with a meal program.
	YES 01
	NO
	DON'T KNOW1
F1a.	INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES 01
	NO CHILDREN 00 ! SKIP TO F5
F2.	During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?
	YES 01
	NO
	DON'T KNOW1
	CHILD/CHILDREN DO NOT ATTEND DAY CARE PROGRAM4

F3.	Not counting meals at Head Start or daycare programs, during the past 12 months, did any children in the household ever receive free or reduced-cost lunches at school?			
	YES 01			
	NO			
	DON'T KNOW1			
	CHILD/CHILDREN DO NOT ATTEND SCHOOL4! SKIP TO F5			
F4.	During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?			
	YES 01			
	NO			
	DON'T KNOW1			
F5.	INTERVIEWER: CHECK QUESTION A3. IS ANYONE IN THIS HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN UNDER 45 YEARS OF AGE?			
	YES 01			
	NO			
F6.	During the past 12 months, did (you/anyone in the household) ever get food through the WIC program?			
	PROBE: By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages to women, infants, and young children.			
	YES 01			
	NO			
	DON'T KNOW1			

F7.	During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any (other) kind of program?		
	YES 01		
	NO		
	DON'T KNOW1		
	(SPECIFY PROGRAM):		
F8.	In the last 12 months, did you (or other adults in your household) ever get food oborrow money for food from friends or relatives?		
	YES		
	NO		
	DON'T KNOW		
F9.	In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?		
	YES		
	NO		
	DON'T KNOW		
F10.	In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?		
	YES 01		
	NO		
	DON'T KNOW1		

F7.

or

F10a.	In the last 12 months, did you (or other adults in the household) ever received reduced-price meals at work?	ve free
	YES 01	
	NO	
	DON'T KNOW	
F11.	Some people are able to get food from their own garden or farm, or from h or fishing. During the last 12 months, did you (anyone in the household) e food from	
	a. Your own vegetable garden?	<u>NO</u> 00
	b. Meat, poultry, or eggs from animals you raise? 01	00
	c. Meat or fish from hunting or fishing?	00
F11a.	In the last 12 months, did you (or other adults in your household) ever get food from any source we haven't already mentioned?	free
	PROBE: Please include any free meals or groceries that you receive from person or source that we haven't already mentioned	n any
	YES	
F12.	Are you uncomfortable getting food from family, friends, charities, or other programs?	
	YES 01	
	NO	
	DON'T KNOW1	

INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (*), CIRCLE THE QUESTION NUMBER.

G. FOOD SECURITY

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true	01 *
Sometimes true	02 *
Never true	03
DON'T KNOW	-1

G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true	01 3
Sometimes true	02 3
Never true	03
DON'T KNOW	-1

G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true	٠.		٠.	•	٠.		•	•				•	•	•	•	•	01	~
Sometimes	tru	e															02	*
Never true																	03	
DON'T KNO)W									_							-1	

G4.	INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?										
	YES	01									
	NO	00 ! SKIP TO G8									
G5.	,	w-cost food to feed (my/our) child/the ning out of money to buy food." Was that u/your household) in the last 12 months?									
	PROBE: By low-cost food we mean ripotatoes, or foods like that.	ce, beans, macaroni products, bread, or									
	Often true										
	Sometimes true	02 *									
	Never true	03									
	DON'T KNOW	1									
G6.	"(I/We) couldn't feed (my/our) (child/ch couldn't afford that." Was that often, s household) in the last 12 months?	ildren) a balanced meal, because (I/we) ometimes, or never true for (you/your									
	Often true										
	Sometimes true	02 *									
	Never true	03									
	DON'T KNOW	1									

G7.	"(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?
	Often true 01 *
	Sometimes true
	Never true
	DON'T KNOW1
G8.	INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 33 AND 34? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02)?
	YES 01
	NO
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
	YES 01
	NO 00-
	DON'T KNOW
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1

G10.	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
	YES 01
	NO
	DON'T KNOW1
G11.	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
	YES 01 *
	NO
	DON'T KNOW1
G12.	In the last 12 months, did you lose weight because you didn't have enough money for food?
	YES 01 *
	NO
	DON'T KNOW
G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
	YES 01 *
	NO
	DON'T KNOW1 → SKIP TO G14

G13a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?									
	Almost every month 01									
	Some months but not every month 02									
	Only 1 or 2 months 03									
	DON'T KNOW1									
G14.	INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?									
	YES 01									
	NO									
G15.	INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 35 AND 36? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?									
	YES 01									
	NO									
G16.	The next questions are about children living in the household who are under 18 years old.									
	In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?									
	YES 01									
	NO									
	DON'T KNOW1									

G17.	In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?								
	YES 01								
	NO								
	DON'T KNOW								
G17a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?								
	Almost every month 01								
	Some months but not every month 02								
	Only 1 or 2 months								
	DON'T KNOW1								
G18.	In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?								
	YES 01								
	NO								
	DON'T KNOW1								
G19.	In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?								
	YES 01								
	NO								
	DON'T KNOW1								

H. EMPLOYMENT HISTORY

H1.	Including yourself, which people in your household work at a job for pay? RECORD NAMES AT H1.
	NONE 00 ! SKIP TO J1. PAGE 43

HOUSEHOLD NAMES RECORDED BELOW ... 01

H2. How many hours per week (does NAME/do you)usually work for pay? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"

H3. How much (does NAME/do you) earn on this job, <u>before taxes and any other deductions are taken out?</u> **RECORD BELOW FOR EACH PERSON.**

INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."

PROBE: What is (NAME'S/YOUR) gross pay?

	H1	H2			Н3		
	Name	Hours Per Week	Hourly Wage	OR	Salary	Per	Salary Basis
1	- CODER: Person # from A1:	 DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
2	- CODER: Person # from A1:	 DON'T KNOW1	\$ /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
3	- CODER: Person # from A1:	_ DON'T KNOW1	\$ /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
4	- CODER: Person # from A1:	_ DON'T KNOW1	\$ _ . /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06

5		_	\$. /HR.	OR	\$,	Per	Day 01
							Week 02
		DON'T KNOW1	DON'T KNOW1		DON'T KNOW1		2 Weeks 03
	CODER:						2X Month 04
	Person # from A1:						Month 05
							Year 06
	_						

WHO WORKS GREATEST NUMBER OF HOURS PER WEEK. NAME:_____ CODER: PERSON # FROM A1: | | H5. Now I'm going to ask you some questions about (your/NAME'S) job. What is (your/NAME'S) job title? FOR EXAMPLE: Retail sales person, clerk, waiter, cook. IF MORE THAN ONE JOB, PROBE FOR THE JOB PERSON CURRENTLY SPENDS MOST TIME AT. What are (your/NAME'S) main duties as (a/an) (JOB TITLE FROM H5)? H6. **PROBE:** What are (your/NAME'S) responsibilities or activities? What (do you/does NAME)spend the most time doing? H7. How long (have you/has NAME) been working at this job? IF MORE THAN ONE JOB, PROBE FOR JOB PERSON CURRENTLY SPENDS MOST TIME AT. RECORD TO THE NEAREST YEAR. IF LESS THAN ONE YEAR, RECORD MONTHS. |___|__| YEARS **OR** |___|__| MONTHS

INTERVIEWER: LOOK AT QUESTIONS H1 AND H2. SELECT PERSON

H4.

H8.	How likely is it that (you/NAME) will have this job three months from now? Would you say it is very likely, somewhat likely, or not likely at all?
	VERY LIKELY 01
	SOMEWHAT LIKELY 02
	NOT LIKELY AT ALL 03
	DON'T KNOW1
H9.	Do you think (you/NAME) will be earning more, the same, or less three months from now?
	MORE 01
	SAME 02
	LESS 03
	DON'T KNOW1
H10.	Including (your/NAME's) present job, over the past 12 months, how many different paid jobs (have you/has NAME) had? Please include all part-time and full-time jobs held for at least two weeks.
	<u>CIRCLE ONE</u>
	ONE 01
	TWO 02
	THREE 03
	FOUR 04
	FIVE OR MORE
	DON'T KNOW1

H11a.	During the past 12 months, were there times when (you were/NAME was) not working for pay?
	YES 01
	NO
H11b.	About how many months (were you/was NAME) not working for pay?
	<u>CIRCLE ONE</u>
	NONE 00
	LESS THAN ONE MONTH 01
	BETWEEN 1 AND 3 MONTHS 02
	BETWEEN 4 AND 6 MONTHS 03
	BETWEEN 7 AND 9 MONTHS 04
	BETWEEN 10 AND 12 MONTHS 05
	DON'T KNOW1

I. NO SECTION I

J. SOCIAL SUPPORTS

J1. How long have you lived in your neighborhood?

IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD NUMBER OF MONTHS.

- J2. NO QUESTION THIS VERSION.
- J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

CIRCLE ONE
LESS THAN 30 MINUTES AWAY 01
30 MINUTES TO 2 HOURS AWAY 02
MORE THAN 2 HOURS AWAY 03
NO LIVING CHILDREN OR RELATIVES -4

K.	INCOME AND EXPENSES
----	---------------------

K1. Which of the following best describes where you live now . . .

A place you own, 01	
A place you rent, 02 !	GO TO K5
A place where you live rent free, 03 !	GO TO K
Or someplace else? (SPECIFY)	GO ТО К

K2. What is your monthly mortgage payment?

K3. (Do you/Does your household) make a separate home insurance payment?

'ES	01
١٥	00
OON'T KNOW	-1

K4. (Do you/Does your household) pay a separate property tax bill?

YES	01	
NO	00	SKIP TO K6
DON'T KNOW		

K5.	What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.
	PROBE: Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.
	\$,
	DON'T KNOW1
K5a.	(Do you/Does your household) pay separate heating or air-conditioning costs?
	YES 01
	NO
K6.	INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?
	ONE 01 ! SKIP TO K7b
	MORE THAN ONE
K6a.	Last month, did (you/your household) pay for the care of children or other dependents so that someone in your household could go to work, school, or a training program?
	YES 01
	NO
	DON'T KNOW1
K6b.	How much did (you/your household) pay out-of-pocket last month?
	\$,
	DON'T KNOW1

- K7. NO QUESTION THIS VERSION.
- K7a. **NO QUESTION THIS VERSION.**
- K7b. Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.

YES	01!	SKIP TO K8
NO	00	
DON'T KNOW	-1	

K7c. Is there anyone in your household who is age 60 or older?

YES	01
NO	00 SKIP TO K10
DON'T KNOW	

K8. Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO?

YES	01
NO	00 SKIP TO KO
DON'T KNOW	-1 SKII TO KS

K8a.	How much did (you/your household) pay last month. Please tell me only the amount that you and members of your household pay out-of-pocket.		
	\$,		
	DON'T KNOW		
K8b.	NO QUESTION THIS VERSION.		
K9.	Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.		
	\$,		
	DON'T KNOW1		

INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
1. CO: Colorado Works; MA: Transitional Aid to Families with Dependent Children; MN: MFIP Minnesota's Family Investment Program; NC: Work First Benefits PA/TX: Temporary Assistance for Needy Families (TANF)? YES01 NO00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1 ! GO TO K12	[STATE WELFARE NAME]/ Temporary Assistance for Needy Families (TANF)? YES	<u>NAME</u>	AMOUNT KNOW \$, -1 \$, -1 \$, -1
2. General Assistance, general relief, or welfare? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	General Assistance, general relief, or welfare? YES	NAME	AMOUNT KNOW \$, -1 \$, -1
				\$, -1 \$, -1
3. Social Security checks from the government? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1 ! GO TO K12	Social Security checks from the government? YES	<u>NAME</u>	AMOUNT KNOW \$, -1 \$, -1 \$, -1
4. Other retirement benefits (that are not Social Security) such as a government or private pension or annuity? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Other retirement benefits (that are not Social Security) such as a government or private pension or annuity? YES	<u>NAME</u>	AMOUNT

K10 During (LAST MONTH) did you receive any	K11 How much did you receive from (SOURCE) last month?	K12 Did anyone else in your household receive any (SOURCE) last month?	K13 Who else received (SOURCE) last month?	K14 How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
5. SSI or Supplemental Security Income from the federal, state, or local government? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	SSI or Supplemental Security Income from the federal, state, or local government? YES	<u>NAME</u>	AMOUNT KNOW \$, -1 \$, -1 \$, -1 \$, -1

	K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any		How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
6.	Veteran's benefits? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Veteran's benefits? YES	<u>NAME</u>	AMOUNT KNOW \$ _ , _ 1 \$ _ , _ 1 \$ _ , _ 1
7.	Unemployment Insurance or workman's compensation benefits? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	Unemployment Insurance or workman's compensation benefits? YES	<u>NAME</u>	AMOUNT
8.	Any child support payments or alimony? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1 ! GO TO K12	Any child support payments or alimony? YES	<u>NAME</u>	AMOUNT DON'T KNOW \$, -1 \$, -1 \$, -1
9.	Payments from roomers or boarders? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Payments from roomers or boarders? YES 01 NO	<u>NAME</u>	AMOUNT KNOW \$, -1 \$, -1 \$, -1
10.	Financial support from friends or family? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	Financial support from friends or family? YES	NAME	AMOUNT KNOW \$, -1 \$, -1 \$, -1

K10 During (LAST MONTH) did you receive any	K11 How much did you receive from (SOURCE) last month?	K12 Did anyone else in your household receive any (SOURCE) last month?	K13 Who else received (SOURCE) last month?	K14 How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.	
Any other income such as income from business or prizes?		Any other income such as income from business or prizes?	<u>NAME</u>	DON'T AMOUNT KNOW	
YES 01 ! (SPECIFY)	\$, _ 6 ASK K12	YES 01 ! SPECIFY		\$, -1 \$, -1	
NO 00 6 ASK K12	DON'T KNOW1! GO TO K12	NO 00 6 GO TO K15		\$, -1 \$, -1	

K15.	Do you (or does anybody in your household) own a car, truck, van, or motorcycle? Please include any cars, trucks, vans, or motorcycles that you're making payments on.		
	YES		
	NO	00	! SKIP TO K18
K16.	What (is/are) the year(s), make(s), a motorcycle(s)?	nd model(s) of the car(s	s), truck(s), van(s), or
	PROBE:	vel	ease include any nicle owned by a usehold members.
	19 Make:	Model:	
	19 Make:	Model:	
	19 Make:	Model:	
	DON'T KNOW	1	! ASK K17
	SKIP TO	K18	
K17.	INTERVIEWER: IF YEAR, MAKE O What is the approximate value of each		•
	Vehicle 1: \$		
	Vehicle 2: \$		
	Vehicle 3: \$		

K18.	(Including yourself, is anyone in your household/Are you) legally required to pay child support?			
	YES 01			
	NO			
K19.	In total, how much child support (was paid by all members of your household/did you pay) last month?			
	\$, ! SKIP TO L2			
	DON'T KNOW1			
	REFUSED			
K20.	Would you tell me which of the following ranges best describes the total amount of child support paid last month?			
	More than \$250			
	Exactly \$250			
	Less than \$250 03			
	DON'T KNOW/REFUSED			
K21.	Was it			
	\$50 or less, 01			
	Between \$51 and \$100, 02			
	Between \$101 and \$150,			
	Between \$151 and \$200,			
	Or, between \$201 and \$250? 05			
	DON'T KNOW/REFUSED3			

K22. Was it . . .

Between \$250 and \$300,	01
Between \$301 and \$350,	02
Between \$351 and \$400,	03
Between \$401 and \$450,	04
Or, over \$450?	05
DON'T KNOW/REFUSED)3

L.	DEMOGRAPHIC INFORMATION
L1.	NO QUESTION THIS VERSION.
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male or female?
	MALE
	FEMALE 00
L3.	Are you now
	Married, 01
	Living with someone as married, 02
	Widowed,
	Divorced, 04
	Separated,
	Or have you never been married? 06

L4.	What is the highest grade or level of school that you have completed?
	FIRST GRADE 01
	SECOND GRADE 02
	THIRD GRADE
	FOURTH GRADE 04
	FIFTH GRADE
	SIXTH GRADE
	SEVENTH GRADE 07
	EIGHTH GRADE 08
	NINTH GRADE
	TENTH GRADE10
	ELEVENTH GRADE 11
	TWELFTH GRADE 12
	GRADUATED HIGH SCHOOL (DIPLOMA) 13
	GED14
	VOCATIONAL TRAINING PROGRAM CERTIFICATE
	SOME COLLEGE 16
	TWO- OR FOUR-YEAR COLLEGE DEGREE
	OTHER (SPECIFY)
	DON'T KNOW
	REFUSED
L5.	Are you Hispanic, Latino or of Spanish origin?
	YES
	NO
	DON'T KNOW
	REFUSED -3

L6. What is your racial background? Choose one or more of the following races . . . INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING. White, 01 Black or African American, 02 Asian, 04 Native Hawaiian or Other Pacific Islander? 05 L7. Is everyone in your household a U.S. citizen? L7a. Is anyone in your household a U.S. citizen? L8. These are all my questions. Thank you very much for your time. **TIME ENDED:** |__|_|:|__| AM....01 PM....02

	Question	Problem
М3а.	Please list the ques	tions and describe the problems.
M3.	YES	estions that the respondent complained about?
M2.	YES	seem to have any trouble understanding English?0100
	GOOD	CIRCLE ONE NT 01 02 03 04
M1.		r interview is completed.) respondent's understanding of the questions?
IVI.	INTERVIEWER OB	SERVATIONS

YES	01
NO	00 ! SKIP TO
Please list the que	estions and describe the problems.
Question	Problem
	-
	-
	-
-	-
Please describe a above.	ny difficulties the respondent had which are not describ
	ny difficulties the respondent had which are not describ
	ny difficulties the respondent had which are not describ
	ny difficulties the respondent had which are not describ
	ny difficulties the respondent had which are not describ

OMB No.: 0584-0486 Expiration Date: 11/98

WORKING NONPARTICIPANT SHORT INTERVIEW

Inte	erviewer ID:	_ _ _	<u> _ </u>	Date Com	pleted:	_ Month	/ <u> </u> /19 <u> </u> Day Year
MP	R ID: _	_					,
Nai	me of Origina	l Responde	nt:				_
Naı	me of Respon	ndent:					_
	•						_
Pho	one Number:	<u> </u> - Area Code	- -	_			
Tim	ne Zone: 9 E	astern 9	Central	9 Mounta	in		
9 E	Elderly in Hou	sehold					
	Callbacks/A	ppointments	 S				
	Intv ID	Date	Time	Status	Callbac	ck Date	Callback Time
		/	A/P			/	A/P
		/	A/P			/	A/P
		/	A/P			 /	A/P
	NOTES:	/			/	·	, v.
SIA	TUS CODES:	INTERIM				FINAL	
20	CALLBACK/APPOINTM			01 COM	ADI ETE	FINAL	_
	CALLBACK/NO APPO			02 REF			
	NO ANSWER/BUSY				OMPLETE/BRE	AKOFF	
	23 ANSWERING MACHINE			04 UNLOCATABLE			
	24 WRONG#/CHANGED #			05 UNAVAILABLE DURING FIELD PERIOD			RIOD
	INITIAL REFUSAL(SCI		≣)		ONIC NO ANS		
	INCOMPLETE/BREAK				WERING MACH		
	RESPONDENT OUT O			08 BAR 09 OTH	RIER (LANG/PI	II/COGN)	
	NEEDS NEW LETTER			09 011	LIX		
31		•					

QC: CODER: _____ DATE: ____

OMB No.: 0584-0486

	DATE: _ /19 MONTH DAY YEAR TIME BEGAN: _ : _ AM01 PM02
	WP & PE STUDY
	Main Questionnaire: Working NonparticipantShort
Α.	HOUSEHOLD COMPOSITION
A1s.	How many people in your household are 60 years of age or older? By household I mean yourself and the people who currently live with you and share food with you.
	PROBE: Include any persons who live with you more than half time.
A2s.	Including yourself, how many people in your household are under 18 years of age?
A3s.	Including yourself, how many people in your household currently work at a job for pay?
	<u> </u>
	NONE 00 ! SKIP TO C1
A4s.	Do you work at a job for pay?
	YES 01
	NO

C.	FSP PARTICIPATION HISTORY
C1.	Have you received food stamp benefits in the past 3 years?
	YES
C2 C2a.	NO QUESTIONS THIS VERSION.
C3.	When was the last time you received food stamp benefits?
	19 MONTH YEAR
C3a.	INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?
	YES 01 ! SKIP TO D1
	NO
	DON'T KNOW
C4.	How did you get your food stamp benefits in (DATE FROM C3)? Did you get coupons or credit to an EBT card?
	PROBE: In Colorado, the EBT card is called Colorado Quest. In Massachusetts, the EBT card is called an EBT card. In Texas, the EBT card is called the Lone Star card. No EBT card in Minnesota, North Carolina or Pennsylvania.
	COUPONS 01
	EBT CARD 02

B. NO SECTION B

C4a.	What was the amount of food stamp benefits you received in (DATE FROM C3)?
	\$,
	DON'T KNOW1
C5.	Did you stop receiving food stamp benefits in (DATE FROM C3) because you were notified that you were not eligible?
	YES 01 ! SKIP TO C13a
	NO

	_
CIRCLE ALL	THAT APPLY
NOT WORTH THE EFFORT FOR THE AMOUNT OF BENEFITS	01
NO LONGER NEEDED FOOD STAMP BENEFITS	02
EMBARRASSED USING FOOD STAMP BENEFITS	03
THOUGHT NO LONGER ELIGIBLE	04
THOUGHT SITUATION WOULD IMPROVE	05
HARD TO GET TO FOOD STAMP OFFICE	06
PROCESS OF RECEIVING FOOD STAMP BENEFITS IS TOO LONG OR COMPLICATED	07
HAD TO ANSWER TOO MANY PERSONAL QUESTIONS	08
FAMILY MEMBERS DISAPPROVED OF MY/OUR RECEIVING FOOD STAMP BENEFITS	09
DO NOT LIKE TO RELY ON GOVERNMENT ASSISTANCE	10
OTHER PEOPLE NEEDED THEM MORE	11
NOT TREATED WELL BY STAFF	12
OFFICE IS VERY UNPLEASANT	13
OFFICE IN AN UNSAFE NEIGHBORHOOD	14
OTHER (SPECIFY)	

NC	QUESTIONS THIS VERSION.
	the past 3 years, did you ever stop receiving food stamp benefits because you are notified that you were not eligible?
	YES 01
	NO
	DON'T KNOW
	REFUSED
be	inking about the last time you were found ineligible to receive food stamp nefits, what were the reasons? RECORD VERBATIM AND CIRCLE ALL IAT APPLY.
	_ CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW1

SKIP TO C13c

 CIRCLE ALL THAT APPL
INCOME TOO HIGH 01
TOO MANY ASSETS
MISSING PAPERWORK 03
CITIZENSHIP STATUS 04
DID NOT SATISFY WORK REQUIREMENTS
ON STRIKE FROM JOB 06
OTHER (SPECIFY)

C13b. NO QUESTION THIS VERSION.

C13c. When you received food stamps in the past three years, did you ever do things so that people would not find out you received food stamp benefits?

PROBE: For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

YES																	01	
NO .																	00)

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

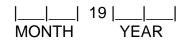
		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or customers?	01	00
b.	Were you embarrassed to use food stamp benefits?	01	00
C.	Did you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Did you feel that you really needed food stamp benefits to make it through the month?	01	00
e.	Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Did you have any difficulties arranging meetings with your caseworker at convenient times?	01	00
g.	Did food stamp office staff ever treat you disrespectfully?	01	00

C15.	Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.
	YES
C16.	Please describe those difficulties. RECORD VERBATIM

D.	HISTORY (OF APPL	ICATIONS
----	-----------	---------	-----------------

D1.	Have you applied for food stamp benefits in the past 3 years? By applied I mean have you at least completed a new application form?
	YES 01
	NO
	DON'T KNOW

D2. When was the last time you applied for food stamp benefits?



D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH/YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

D4a.	The last time you applied, did you or someone else mail or take the application form to a food stamp office?
	YES 01 ! SKIP TO D4c
	NO
	DON'T KNOW1
D4b.	Did you or someone else mail or take the application for to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?
	<u>CIRCLE ONE</u>
	AN SSI OFFICE, 01
	A SENIOR CENTER, 02
	A HOSPITAL,
	A HOUSING COMPLEX, OR 04
	SOMEWHERE ELSE? (PLEASE SPECIFY) . 05
D4c.	The last time you applied, did you apply yourself or did an authorized representative apply for you?
	APPLIED MYSELF 01
	AUTHORIZED REPRESENTATIVE 02

D4d.	Where did casework	d (you/your authorized representative) have the interior?	nterview with your
	,	AT FOOD STAMP OFFICE	01 —
	,	AT SSI OFFICE	02
	,	AT A SENIOR CENTER	03 SKIP TO D4f
	,	AT A HOSPITAL	, -
		AT A HOUSING COMPLEX	
		SOMEWHERE ELSE (PLEASE SPECIFY)	
	_		<u></u>
	,	AT HOME	07
D4e.	Did you h	ave your interview by telephone or did a casewo	rker come to your
	F	BY TELEPHONE	01
		VISIT BY CASEWORKER	
D4f.	The last ti	ime you applied, did you take time off from work	to apply for food stamp
	benefits?		
		YES	01
		NO	00
		DON'T KNOW	-1
		DOESN'T WORK	-4
D4g.	The last ti	ime you applied, did you have a lot of help with th	ne application?
		YES	01
		NO	
		DON'T KNOW	SKIP TO D5

	CIRCLE ALL THAT APPL
	TRANSPORTATION TO THE OFFICE 01
	HAVING SOMEONE BE WITH ME AT THE FOOD STAMP OFFICE 02
	HAVING SOMEONE ELSE GO TO OFFICE INSTEAD OF ME
	TRANSLATION 04
	HELP FILLING OUT APPLICATION 05
	HELP OBTAINING NECESSARY DOCUMENTATION
	OTHER (SPECIFY)
Who pro	ovided this help?
	CIRCLE ALL THAT APPL
	CASEWORKER 01
	RELATIVE, FRIEND, OR NEIGHBOR 02
	CLERGYMAN 03
	COMMUNITY WORKER (OUTREACH WORKER OR LEGAL AID
	REPRESENTATIVE)
	VOLUNIEEN AT FOOD STAWF OFFICE US

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell?	01	00
b. NO QUESTION THIS VERSION.		
c. The number of people in your household changed?	01	00
d. NO QUESTION THIS VERSION.		
e. It was getting harder and harder to make ends meet?	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	01	00
g. NO QUESTION THIS VERSION.		
h. NO QUESTION THIS VERSION.		
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY)	01	00

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

			CIRCLE "Y	ES" OR	"NO"
			<u>YES</u>	<u>NO</u>	N/A
6	a.	Was it difficult or expensive for you to get transportation to the food stamp office?	01	00	
ŀ	b.	Did you have to go to the food stamp office even though your health or disability made it difficult?	01	00	
(C.	Was it difficult for you to take time off from work to apply for food stamp benefits?	01	00	-4
(d.	Did you lose wages when you went to apply for food stamp benefits?	01	00	-4
•	e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office?	01	00	
f	f.	Did you have to wait a long time to be served at the food stamp office?	01	00	
(g.	Were staff at the food stamp office disrespectful?	01	00	
	ه. h.	Do you think the application form was too long and	01	00	
		complicated?	01	00	
i	i.	Did your caseworker ask you questions that were too personal?	01	00	
j	j.	Was it difficult for you to get all the necessary paperwork?	01	00	
ŀ	k.	Did you feel embarrassed having to apply for food stamps?	01	00	

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES 01	
NO	SKIP TO D8

Ple	ease describe those difficulties. RECORD VERBATIM
	the past 3 years, did you ever begin the food stamp application process and t complete it?
	YES 01
	NO
	DON'T KNOW
	REFUSED3

Why didn't you complete the applicat RECORD VERBATIM AND CIRCLE	
	CIRCLE ALL THAT
DIDN'T THINK ELIGIBLE .	01
BENEFIT TOO LOW	02
APPLICATION TOO TIME-0	CONSUMING 03
APPLICATION FORM TOO	COMPLICATED 04
APPLICATION TOO PERSO	ONAL 05
TOO MUCH PAPERWORK	06
DIDN'T KNOW HOW TO CO	
NOT TREATED WELL BY S	STAFF
STIGMA/EMBARRASSMEN	NT/PRIDE 09
HEALTH/MOBILITY PROBL	EMS 10
LANGUAGE/LITERACY PR	OBLEMS 11
MY SITUATION CHANGED	
TRANSPORTATION PROB	LEM 13
HARD TO GET TIME OFF \	<i>N</i> ORK 14
LOSE WAGES WHEN I GO FOOD STAMP OFFICE	
	16

	YES	
		01
	NO	00 → SKIP TO I
	DON'T KNOW	
ineligib	ig about the last time you applied for food stamp be le, why were you found ineligible? RECORD VERE HAT APPLY.	
	OIDOI E A	
	INCOME TOO HIGH	ALL THAT APPLY
	TOO MANY ASSETS	
	MISSING PAPERWORK	
	CITIZENSHIP STATUS	
	DID NOT SATISFY WORK REQUIREMENTS	
	ON STRIKE FROM JOB	06

not used	ast 3 years, have you ever been found eligible for food stamp benefits bu I them?
PROBE:	By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.
	YES 01
	NO
	DON'T KNOW
	time that happened, why didn't you use them? RECORD VERBATIM RCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	EMBARRASSED TO USE FOOD STAMP
	BENEFITS
	BENEFITS

GO TO E1

D14.	Have you contacted the food stamp office to ask about food stamp benefits in the past 3 years?				
	YES				
D15 D16b.	NO QUESTIONS THIS VERSION.				

Sc.	Why didn't you complete an application form at that time? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	DIDN'T THINK ELIGIBLE
	BENEFIT TOO LOW
	APPLICATION TOO TIME-CONSUMING 03
	APPLICATION FORM TOO COMPLICATED 04
	APPLICATION TOO PERSONAL 05
	TOO MUCH PAPERWORK
	DIDN'T KNOW HOW TO COMPLETE THE PROCESS07
	NOT TREATED WELL BY STAFF 08
	STIGMA/EMBARRASSMENT/PRIDE 09
	HEALTH/MOBILITY PROBLEMS 10
	LANGUAGE/LITERACY PROBLEMS 11
	MY SITUATION CHANGED
	TRANSPORTATION PROBLEM
	HARD TO GET TIME OFF WORK 14
	LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE
	OTHER (SPECIFY)

D17.-

D21. NO QUESTIONS THIS VERSION.

E. NONPARTICIPATION

Now I would like to talk to you about the reasons you currently do <u>not</u> use food stamps.

		E1.			on't use	2. portant reason e food stamp	E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
Do you know where to go or who to contact to apply for food stamp benefits?	SKIP 01! TO E1b	00	-1	01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits?	SKIP 01 ! TO E1c	00	-1	01	00	-1	02
c. Do you think it would be hard to get to the food stamp office?	01	SKIP 00 ! TO E1d	SKIP -1! TO E1d	01	00	-1	03
d. Do you think the application process is too long and complicated?	01	SKIP 00 ! TO E1e	SKIP -1 ! TO E1e	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits?	01	SKIP 00! TO E1f	SKIP -1! TO E1f	01	00	-1	05
f. Do you think you would feel embarrassed <u>applying</u> for food stamp benefits?	01	SKIP 00 ! TO E1g	SKIP -1! TO E1g	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits?	01	SKIP 00 ! TO E1h	SKIP -1! TO E1h	01	00	-1	07
h. Can you get by on your own without food stamp benefits?	01	SKIP 00 ! TO E1i	SKIP -1! TO E1i	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do?	01	SKIP 00 ! TO E1j	SKIP -1! TO E1j	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits?	01	SKIP 00 ! TO E1k	SKIP -1! TO E1k	01	00	-1	10
k. Would you dislike relying on government assistance?	01	SKIP 00 ! TO E1I	SKIP -1! TO E1I	01	00	-1	11
Would other family members or friends discourage you from using food stamp benefits?	01	SKIP 00 ! TO E1m	SKIP -1! TO E1m	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully?	01	SKIP 00 ! TO E1n	SKIP -1! TO E1n	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe?	01	SKIP 00 ! TO E1o	SKIP -1! TO E1o	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary?	01	SKIP 00 ! TO E1p	SKIP -1! TO E1p	01	00	-1	15

benefits that we have not just SKIP SKIP	mentioned?	01 00!		01 00 -1	16
--	------------	--------	--	----------	----

E3.	INTERVIEWER: HOW MANY "YESES" ARE CIRCLED IN QUESTION E2?
	NONE 00 ONE 01 MORE THAN ONE 02
E4.	Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? RECORD IN COLUMN MARKED E4.
E5.	INTERVIEWER: WAS THE RESPONSE TO E1b "YES"?
	YES 01
	NO
E6.	You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.
	CIRCLE ONE RESPONSE
	\$10 OR LESS 01
	BETWEEN \$11 AND \$25 02
	BETWEEN \$26 AND \$50 03
	BETWEEN \$51 AND \$100 04
	BETWEEN \$101 AND \$150 05
	BETWEEN \$151 AND \$200 06
	BETWEEN \$201 AND \$300 07
	MORE THAN \$300 08
	DON'T KNOW1

GO TO E9

_	ERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS 02
	MISSING PAPERWORK
	CITIZENSHIP STATUS 04
	DO NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY) 07
	DON'T KNOW1
	o you think you are currently ineligible because you were told by someon e food stamp office that you are ineligible?
	YES 01
	NO
	ere you told this within the last month, within the last three months, within st year, or more than one year ago?
	WITHIN THE LAST MONTH 01
	WITHIN THE LAST 3 MONTHS 02
	WITHIN THE LAST YEAR
	MORE THAN ONE YEAR AGO 04
	DON'T KNOW1

E8b.	Were you told by someone at another program that you are ine stamp benefits?	ligible fo	or food
	YES 01!	SKIP TO) E9
	NO		
	DON'T KNOW		
E8c.	Do you think you are ineligible because you know someone like ineligible?	you wh	no is
	YES 01		
	NO		
E9.	INTERVIEWER: WAS THE RESPONSE TO E1c "YES"?		
	YES 01		
	NO	SKIP TO) E11
E10.	You said you think it would be hard to get to the food stamp offi	ice. Is t	his
		<u>YES</u>	<u>NO</u>
	a. Because it is difficult or expensive to get transportation?	01	00
	b. Because of difficulties you have getting around?	01	00
	c. Because of difficulties you would have taking time off work?	01	00
	d. Because you would lose pay going to the food stamp office?	01	00
	e. Because you would have to pay for someone to take care of someone in your home?	01	00
	f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00

E11.	INTERVIEWER: WAS THE RESPONSE TO E1d "YES"?			
	YES	SKIP 1	ГО Е13	
E12.	You think the application process would be too long and complithis	cated.	ls	
		<u>YES</u>	<u>NO</u>	
	a. Because you think you would have to wait a long time to be served? PROBE: A long time from your point of view.	01	00	
	b. Because you think the application form is too long and complicated?	01	00	
	c. Because you think it would be difficult to get all the necessary paperwork?	01	00	
	d. Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00	
E12a.	INTERVIEWER: WAS THE RESPONSE TO PART "a" OF E12	2 "YES	"?	
	YES	SKIP	ГО Е13	
E12b.	You said you would have to wait a long time to be served. How you would have to wait? Would it be	long do	o you thin	ık
	15 minutes or less? 01			
	16 to 30 minutes? 02			
	31 minutes to one hour? 03			
	Or, more than one hour? 04			
	DON'T KNOW1			

E13.	INTERVIEWER: WAS THE RESPONSE TO E1e "YES"?
	YES 01
	NO
E14.	You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?
	CIRCLE ALL THAT APPLY
	WHO LIVES IN HOUSEHOLD 01
	CITIZENSHIP 02
	DISABILITIES 03
	RESOURCES/ASSETS 04
	INCOME 05
	MEDICAL EXPENSES 06
	DEPENDENT-CARE EXPENSES 07
	SHELTER EXPENSES 08
	CHILD-SUPPORT PAYMENTS 09
	OTHER (SPECIFY)
E15.	INTERVIEWER: WAS THE RESPONSE TO E1g "YES"?
	YES 01
	NO
E16.	You said you think you are eligible for only a small amount of food stamp benefits.

E16a.	Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?				
	YES 01				
	NO				
	DON'T KNOW				
E16b.	Were you told this within the last month, within the last three months, within the last year, or more than one year ago?				
	WITHIN LAST MONTH 01				
	WITHIN LAST 3 MONTHS 02				
	WITHIN THE LAST YEAR 03				
	MORE THAN ONE YEAR AGO 04				
	DON'T KNOW1				
	GO TO E17				
E16c.	Were you told by someone at another program that you were eligible for only a small amount of food stamp benefits?				
	YES 01 ! SKIP TO E17				
	NO				
	DON'T KNOW1				
E16d.	Do you think that you would receive only a small amount of benefits because you know someone like you who receives only a small amount of benefits?				
	YES 01				
	NO				
	DON'T KNOW1				

E17.	INT	ERVIEWER: WAS THE RESPONSE TO E1n "YES"?		
		YES	SKIP TO	E19
E18.		i thought the food stamp office would be very unpleasange? Is this	t or you w	ould not be
			<u>YES</u>	<u>NO</u>
	a.	Because the inside of the building would be unpleasant?	01	00
	b.	Because you wouldn't like waiting with the other applicants?	01	00
	C.	Because the office would be in an unsafe neighborhood?	01	00
	d.	Because of something else? (SPECIFY)	01	00
E19.		you agree with the statement made by some people that d stamp benefits if you pay taxes"?	t "its OK to	receive
		YES 01		
		NO		

F. NO SECTION F

G	FOC)D S	BECU	IRI	TY
U .	\cdot	<i>,</i>		<i>-</i>	

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true	01
Sometimes true	02
Never true	03
DON'T KNOW	-1

G2.-G4. **NO QUESTIONS THIS VERSION.**

G4s. INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?

YES	01	
NO	00!	SKIP TO G9

G5. "(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

PROBE: By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true	01
Sometimes true	02
Never true	03
DON'T KNOW	-1

G6 G8.	NO QUESTIONS THIS VERSION.
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
	YES 01
	NO
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1
G10 G12.	NO QUESTIONS THIS VERSION.
G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW
G14.	NO QUESTION THIS VERSION.

G14s.	INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES 01
	NO
G15.	NO QUESTION THIS VERSION.
G16.	The next questions are about children living in the household who are under 18 years old.
	In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW1
G17 G19.	NO QUESTIONS THIS VERSION.

H.	NO SECTION H
l.	NO SECTION I
J.	NO SECTION J
K.	NO SECTION K
L.	DEMOGRAPHIC INFORMATION
L1.	Now, I have just a few final questions.
	Can you tell me your age?
	/ / 19 MONTH DAY YEAR
	OR YEARS OLD
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male or female?
	MALE 01
	FEMALE 00
L3.	Are you now
	Married, 01
	Living with someone as married, 02
	Widowed, 03
	Divorced,
	Separated,
	Or have you never been married? 06

L4.	What is the highest grade or level of school that you have completed?
	FIRST GRADE 01
	SECOND GRADE 02
	THIRD GRADE
	FOURTH GRADE
	FIFTH GRADE
	SIXTH GRADE
	SEVENTH GRADE 07
	EIGHTH GRADE 08
	NINTH GRADE
	TENTH GRADE
	ELEVENTH GRADE 11
	TWELFTH GRADE 12
	GRADUATED HIGH SCHOOL (DIPLOMA) 13
	GED14
	VOCATIONAL TRAINING PROGRAM CERTIFICATE
	SOME COLLEGE 16
	TWO- OR FOUR-YEAR COLLEGE DEGREE
	OTHER (SPECIFY)
	DON'T KNOW1
	REFUSED3
L5.	Are you Hispanic, Latino or of Spanish origin?
	YES
	NO
	DON'T KNOW1
	REFUSED -3

L6.	What is your racial background? Choose one or more of the following races		
	INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.		
	White, 01		
	Black or African American, 02		
	American Indian or Alaska Native, 03		
	Asian, 04		
	Native Hawaiian or Other Pacific Islander? 05		
	OTHER (SPECIFY)		
	 DON'T KNOW1		
	REFUSED		
L7- L7a.	NO QUESTIONS THIS VERSION.		
L/a.	NO QUESTIONS THIS VERSION.		
L8.	These are all my questions. Thank you very much for your time.		
	TIME ENDED: _ : AM01 PM02		

IVI.	(To be filled out after interview is completed.)
M1.	In general, was the respondent's understanding of the questions?
	<u>CIRCLE ONE</u>
	EXCELLENT 01
	GOOD 02
	FAIR 03
	POOR 04
M2.	Did the respondent seem to have any trouble understanding English?
	YES 01
	NO
M3.	Were there any questions that the respondent complained about?
	YES 01
	NO

M3a. Please list the questions and describe the problems.

Problem

M4.	Were there any questions which the respondent didn't understand?
-----	--

YES	01
-----	----

M4a. Please list the questions and describe the problems.

Question	Problem

OMB No.: 0584-0486 Expiration Date: 11/98

WORKING PARTICIPANT SHORT INTERVIEW

Inte	erviewer ID:		<u> </u>	Date Com	pleted:	_ Month	/ _ /19 Day Year	
MP	R ID: _	_					,	
Naı	me of Original	Responde	nt:				_	
Naı	me of Respon	ident:						
Pho	one Number:	<u> </u> - Area Code	-	_ _ _				
Tim	ne Zone: 9 E	astern 9	Central	9 Mounta	in			
9 E	Elderly in Hous	sehold						
	Callbacks/A	ppointments	<u> </u>					
	Intv ID	Date	Time	Status	Callbac	ck Date	Callback Time	
		/	A/P			/	A/P	
		/	A/P			/	A/P	
		/	A/P			/	A/P	
	NOTES:							
STA	TUS CODES:							
017	TOO OODLO.	INTERIM				FINAL		
20	CALLBACK/APPOINTN			01 COM	IPI FTF	I IIVAL	=	
	U CALLBACK/APPOINTMENT 1 CALLBACK/NO APPOINTMENT			02 REFUSAL				
22	NO ANSWER/BUSY			03 INCOMPLETE/BREAKOFF				
	ANSWERING MACHIN				OCATABLE			
	WRONG#/CHANGED		-\		VAILABLE DUF		RIOD	
	INITIAL REFUSAL(SCF INCOMPLETE/BREAK		=)		ONIC NO ANS! WERING MACH			
	RESPONDENT OUT C				RIER (LANG/PI			
	RESPONDENT WILL O			09 OTH		,00014)		
	NEEDS NEW LETTER			33 0				
31	OTHER							

QC: CODER: _____ DATE: ____

OMB No.: 0584-0486

		OIVID NO.: 0304-0400
MPR IC	VIEWER ID #: D #:	DATE: _ / /19 MONTH DAY YEAR
		TIME BEGAN: _ : AM01 PM02
		E STUDY /orking ParticipantShort
A .	HOUSEHOLD COMPOSITION	
A1s.		old are 60 years of age or older? By household ho currently live with you and share food and
	PROBE: Include any persons wh	no live with you more than half time.
A2s.	Including yourself, how many peo age?	ple in your household are under 18 years of
A3s.	Including yourself, how many peopay?	pple in your household currently work at a job for
	NONE	00 ! SKIP TO C4
A4s.	Do you work at a job for pay?	
	YES	01
	NO	00

B. **NO SECTION B** C. **FSP PARTICIPATION HISTORY** C1.-C3. NO QUESTIONS THIS VERSION. C4. How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card? **PROBE:** In Colorado, the EBT card is called Colorado Quest. In Massachusetts, the EBT card is called an EBT card. In Texas, the EBT card is called the Lone Star card. No EBT card in Minnesota, North Carolina or Pennsylvania. COUPONS 01 EBT CARD 02 C4a.-C11. NO QUESTIONS THIS VERSION. C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible? YES 01 SKIP TO C13c

, 13.	benefits, what were the reasons? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY) 07
	DON'T KNOW1
213a 213b.	NO QUESTIONS THIS VERSION.
C13c.	Do you ever do things so that people will not find out you receive food stamp benefits?
	PROBE: For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.
	YES

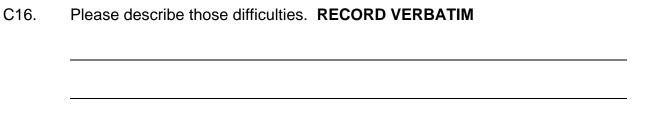
C14. Now I'm going to read some statements about experiences with food stamp benefits.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores are you sometimes treated disrespectfully by either employees or other customers?	01	00
b.	Are you embarrassed to use food stamp benefits?	01	00
C.	Do you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Do you feel that you really need food stamp benefits to make it through the month?	01	00
e.	Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Do you have any difficulties arranging meetings with your caseworker at convenient times	01	00
g.	Do food stamp office staff ever treat you disrespectfully?	01	00

C15.	Have you experienced other difficulties with food stamp benefits that you have
	not already mentioned? Please do not include any difficulties you had applying,
	we will ask about this later.

YES	01	
NO	00!	SKIP TO D2



1	1	1		1

D.	HISTORY OF	APPLICATIONS
----	------------	---------------------

D1. NO QUESTION THIS VERSION.

D2. When was the last time you applied for food stamp benefits?

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI) AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado Colorado Works

Massachusetts Transitional Aid to Families with Dependent Children Minnesota MFIP Minnesota's Family Investment Program

North Carolina Work First Benefits

Pennsylvania TANF Texas TANF

YES	01
NO	00
DON'T KNOW	-1

D4a.	The last time you applied, did you or someone else mail or take the application form to a food stamp office?
	YES 01 ! SKIP TO D4c
	NO
	DON'T KNOW1
D4b.	Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?
	CIRCLE ONE
	AN SSI OFFICE, 01
	A SENIOR CENTER,
	A HOSPITAL, 03
	A HOUSING COMPLEX, OR 04
	SOMEWHERE ELSE? (PLEASE SPECIFY) 05
D4c.	The last time you applied, did you apply yourself or did an authorized representative apply for you?
	APPLIED MYSELF 01
	AUTHORIZED REPRESENTATIVE 02

D4d.	Where did (you/your authorized representative) have the interview with your caseworker?
	AT FOOD STAMP OFFICE 01
	AT SSI OFFICE
	AT A SENIOR CENTER
	AT A HOSPITAL
	AT A HOUSING COMPLEX
	SOMEWHERE ELSE (PLEASE SPECIFY) 06
	AT HOME 07
D4e.	Did you have your interview by telephone or did a caseworker come to your nome?
	BY TELEPHONE
	VISIT BY CASEWORKER 02
D4f.	The last time you applied, did you take time off from work to apply for food stamp benefits?
	YES
	NO
	DON'T KNOW1
	DOESN'T WORK4
D4g D4i.	NO QUESTIONS THIS VERSION.
D5 D6.	NO QUESTIONS THIS VERSION.

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

	CIRCLE "YES" OR "NO"		"NO"
	YES	<u>NO</u>	N/A
Was it difficult or expensive for you to get transportation to the food stamp office?	01	00	
b. Did you have to go to the food stamp office even though your health or disability made it difficult?	01	00	
c. Was it difficult for you to take time off from work to apply for food stamp benefits?	01	00	-4
d. Did you lose wages when you went to apply for food stamp benefits?	01	00	-4
e. Did you have to arrange for care of someone in your home so that you could go to the food stamp office?	01	00	
f. Did you have to wait a long time to be served at the food stamp office?	01	00	
PROBE: A long time from your point of view.			
g. Were staff at the food stamp office disrespectful?	01	00	
h. Do you think the application form was too long and complicated?	01	00	
Did your caseworker ask you questions that were too personal?	01	00	
j. Was it difficult for you to get all the necessary paperwork?	01	00	
k. Did you feel embarrassed having to apply for food stamps?	01	00	

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES	01	
NO	00!	SKIP TO D8

D7b.	Please describe those difficulties.	RECORD VERBATIM	

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES	01	
NO	00	
DON'T KNOW	-1	SKIP TO D10
REFUSED	-3 —	

D9. Why didn't you complete the application process at that time? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

		1
	 •	

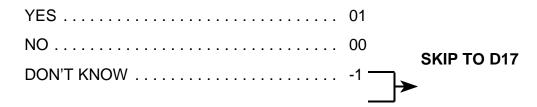
CIRCLE ALL THAT APPLY

DIDN'T THINK ELIGIBLE	01
BENEFIT TOO LOW	02
APPLICATION TOO TIME-CONSUMING	03
APPLICATION FORM TOO COMPLICATED	04
APPLICATION TOO PERSONAL	05
TOO MUCH PAPERWORK	06
DIDN'T KNOW HOW TO COMPLETE THE PROCESS	07
NOT TREATED WELL BY STAFF	08
STIGMA/EMBARRASSMENT/PRIDE	09
HEALTH/MOBILITY PROBLEMS	10
LANGUAGE/LITERACY PROBLEMS	11
MY SITUATION CHANGED	12
TRANSPORTATION PROBLEM	13
HARD TO GET TIME OFF WORK	14
LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE	15
OTHER (SPECIFY)	16
	-

D10.	In the past 3 years, have you applied for food stamp benefits and been found ineligible?
	YES
D11.	Thinking about the last time you applied for food stamp benefits and were found ineligible, why were you found ineligible? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK
	REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY) 07
	DON'T KNOW1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

PROBE: By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.



CIRCLE ALL THA	T APPLY
EMBARRASSED TO USE FOOD STAMP BENEFITS	
NOT TREATED WELL IN FOOD STORES	
NO STORES NEARBY THAT ACCEPT FOOD STAMP BENEFITS	
DID NOT LIKE TO SHOP AT STORES THAT ACCEPT FOOD STAMP BENEFITS	
NOT TREATED WELL BY OFFICE/ PROGRAM	
TOO HARD TO PICK UP COUPONS/ STAMPS06	
STAMPS OR EBT CARD WERE LOST OR STOLEN	
BENEFIT AMOUNT WAS TOO SMALL 08	
DID NOT NEED FOOD STAMPS 09	
OTHER (SPECIFY)	

D14.-

D16. NO QUESTIONS THIS VERSION.

D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. Did you receive a lot of help with the application?	01	00
b. Did other family members or friends encourage you to get food stamp benefits?	01	00
c. Do you feel it's OK to receive food sta benefits because you pay taxes?	•	00
d. Do you feel you couldn't get by on you without food stamp benefits?		00
e. Are you uncomfortable getting food from family, friends, charities, or othe programs?		00

D18. Are there other circumstances that I haven't mentioned that helped you decide to use food stamp benefits?

YES 01 -	
NO	
(PLEASE SPECIFY):	—

D19.	INTERVIEWER: CHECK QUESTION D17a.	DID THEY RECEIVE A LOT OF HELP
	WITH THE APPLICATION?	

YES	 ٠.	 ٠.	 	٠.	 •	 			 01		
NO									00.1	SKIP TO (`

	<u> </u>	_
	CIRCLE ALL THAT APPL	<u>Y</u>
	TRANSPORTATION TO THE OFFICE 01	
	HAVING SOMEONE BE WITH ME AT THE FOOD STAMP OFFICE 02	
	HAVING SOMEONE ELSE GO TO OFFICE INSTEAD OF ME	
	TRANSLATION 04	
	HELP FILLING OUT APPLICATION 05	
	HELP OBTAINING NECESSARY DOCUMENTATION	
	OTHER (SPECIFY)	
Who	provided this help?	
	CIRCLE ALL THAT APPL	<u>Y</u>
	CASEWORKER 01	
	DELATIVE EDIEND OD NEIGUDOD	
	RELATIVE, FRIEND, OR NEIGHBOR 02	
	CLERGYMAN	
	CLERGYMAN	
	CLERGYMAN	

E.	NO SECTION E
F.	NO SECTION F
G.	FOOD SECURITY
G1.	Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).
	The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/you household) in the last 12 months?
	Often true 01
	Sometimes true
	Never true 03
	DON'T KNOW1
G2 G4.	NO QUESTIONS THIS VERSION.
G4s.	INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES 01
	NO

G5.	"(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?
	PROBE: By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.
	Often true 01
	Sometimes true
	Never true
	DON'T KNOW1
G6 G8.	NO QUESTIONS THIS VERSION.
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
	YES
	NO
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1
G10 G12.	NO QUESTIONS THIS VERSION.

G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
	YES
G14.	NO QUESTION THIS VERSION.
G14s.	INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES
G15.	NO QUESTION THIS VERSION.
G16.	The next questions are about children living in the household who are under 18 years old.
	In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW1
G17 G19.	NO QUESTIONS THIS VERSION.

H.	NO SECTION H
I.	NO SECTION I
J.	NO SECTION J
K.	NO SECTION K
L.	DEMOGRAPHIC INFORMATION
L1.	Now, I have just a few final questions.
	Can you tell me your age?
	/ / 19 MONTH DAY YEAR
	OR YEARS OLD
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male or female?
	MALE 01
	FEMALE 00
L3.	Are you now
	Married,
	Living with someone as married, 02
	Widowed, 03
	Divorced,
	Separated,
	Or have you never been married? 06

L4.	What is the highest grade or level of school that you have completed?
	FIRST GRADE 01
	SECOND GRADE 02
	THIRD GRADE 03
	FOURTH GRADE 04
	FIFTH GRADE
	SIXTH GRADE 06
	SEVENTH GRADE 07
	EIGHTH GRADE 08
	NINTH GRADE 09
	TENTH GRADE 10
	ELEVENTH GRADE 11
	TWELFTH GRADE 12
	GRADUATED HIGH SCHOOL (DIPLOMA) 13
	GED 14
	VOCATIONAL TRAINING PROGRAM CERTIFICATE
	SOME COLLEGE 16
	TWO- OR FOUR-YEAR COLLEGE DEGREE 17
	OTHER (SPECIFY)
	DON'T KNOW1
	REFUSED3
L5.	Are you Hispanic, Latino or of Spanish origin?
	YES
	NO
	DON'T KNOW1
	DEELISED .3

L6.	What is your racial background? Choose one or more of the following races
	INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.
	White, 01
	Black or African American, 02
	American Indian or Alaska Native, 03
	Asian, 04
	Native Hawaiian or Other Pacific Islander? 05
	OTHER (SPECIFY)
	_ DON'T KNOW
L7 L7a.	NO QUESTIONS THIS VERSION.
L8.	These are all my questions. Thank you very much for your time.
	TIME ENDED: : AM01 PM02

М.	INTERVIEWER OBSERVATIONS (To be filled out after interview is completed.)
M1.	In general, was the respondent's understanding of the questions?
	CIRCLE ONE
	EXCELLENT 01
	GOOD 02
	FAIR 03
	POOR 04
M2.	Did the respondent seem to have any trouble understanding English?
	YES 01
	NO

M3a. Please list the questions and describe the problems.

Question	Problem

N // /	Mora thara any	, augostiona	which the	roopondont	didn't	undaratanda
M4.	Were there any	านนยรแบบร	willch the	respondent	ulull	unuersianur

YES	. 01
-----	------

M4a. Please list the questions and describe the problems.

Question	Problem

,	es ine respona	ent had which	n are not desc

OMB No.: 0584-0486 Expiration Date: 11/98

WORKING PARTICIPANT LONG INTERVIEW

Interviev	wer ID:	_	_l	Date Cor	mpleted:	 Month		9 <u> </u> _ Year
MPR ID): <u> </u>			_		WOTH	Бау	i cai
Name o	of Original F	Respondent	:				_	
Name o	of Responde	ent:					_	
Phone N		_ _ _ - rea Code	_ _ _ .	- _	_			
Time Zo	one: 9 Eas	stern 9	Central	9 Mount	ain			
9 Elder	ly in House	hold						
Cal	llbacks/App	oointments						
1	ntv ID	Date	Time	Status	Callbad	ck Date	Callbacl	k Time
		/	A/P			/		_A/P
		/	A/P			/		_A/P
		/	A/P			/		_A/P
NO	TES:							
STATUS (CODES:							
20 CALLB	BACK/APPOINTMEN	INTERIM		01 CC	OMPLETE	FINAL		
21 CALLB	BACK/NO APPOINT			02 RE		AKOEE		
	ERING MACHINE			04 UN	ILOCATABLE			
	IG#/CHANGED # L REFUSAL(SCREE	ENER COMPLETE)			IAVAILABLE DUF IRONIC NO ANS'		RIOD	
27 INCOM	IPLETE/BREAKOF	F		07 AN	ISWERING MACH	HINE		
	ONDENT OUT OF T ONDENT WILL CAL			08 BA 09 OT	RRIER (LANG/PI HER	HY/COGN)		
30 NEEDS 31 OTHER	S NEW LETTER R							

QC: CODER: _____ DATE: ___

OMB No.: 0584-0486

INTERVIEWER ID #:	DATE: _ / /19 MONTH DAY YEAR
	TIME BEGAN: _ : AM01 PM02

WP & PE STUDY

Main Questionnaire: Working Participant--Long

A. HOUSEHOLD COMPOSITION

A1. Please tell me the first name or initials of each person who currently lives in your household starting with you. By household I mean people who live with you and share food with you.

PROBE: Include any persons who live with you more than half time.

- A2. How is (NAME) related to you? **ENTER CODE BELOW.**
- A3. How old (are you/is NAME)? **PROBE:** Your best estimate is fine.

Danasa	A1.	A2.	A3.
Person Number	First Name or Initials	Relationship	Age
1.		SELF	 DON'T KNOW1
2.			 DON'T KNOW1
3.			 DON'T KNOW1
4.		_	 DON'T KNOW1
5.			 DON'T KNOW1
6.		_	 DON'T KNOW1
7.		_	 DON'T KNOW1
8.			 DON'T KNOW1
9.			 DON'T KNOW1
10.		_	 DON'T KNOW1

RELATIONSHIP CODES 01 MALE SPOUSE/PARTNER 06 GRANDMOTHER 11 OTHER MALE RELATIVE 02 FEMALE SPOUSE/PARTNER 07 SON/STEPSON OR NONRELATIVE 03 FATHER/STEPFATHER 08 DAUGHTER/STEPDAUGHTER 12 OTHER FEMALE RELATIVE 04 MOTHER/STEPMOTHER 09 BROTHER/STEPBROTHER OR NONRELATIVE 05 GRANDFATHER 10 SISTER/STEPSISTER

A4.	I've recorded the following names (READ NAMES FROM A1). Is there anyone else such as babies or small children? Anyone who usually lives with you but is now away from home, or, anyone else staying here?								
	YES 01 !								
	NO	CORRECT A1-A3							

A4.

KNOWLEDGE OF THE FSP
NO QUESTION THIS VERSION.
As far as you know, did your family ever receive food stamp benefits when you were a child?
YES 01
NO 00
As far as you know, do any of your relatives, neighbors, or co-workers currently receive food stamp benefits?
YES 01
NO 00
DON'T KNOW1
NO QUESTIONS THIS VERSION.

- C. FSP PARTICIPATION HISTORY
- C1.C3. NO QUESTIONS THIS VERSION.
- C4. How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card?

PROBE: In Colorado, the EBT card is called Colorado Quest.

In Massachusetts, the EBT card is called an EBT card. In Texas, the EBT card is called the Lone Star card.

No EBT card in Minnesota, North Carolina or Pennsylvania.

- C4a.-C11. **NO QUESTIONS THIS VERSION.**
- C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

C13.		about the last time you were found ineligible to receive food stamp what were the reasons? RECORD VERBATIM AND CIRCLE ALL PLY.								
		CIRCLE ALL THAT APPLY								
		INCOME TOO HIGH 01								
		TOO MANY ASSETS 02								
		MISSING PAPERWORK 03								
		CITIZENSHIP STATUS 04								
		DID NOT SATISFY WORK REQUIREMENTS 05								
		ON STRIKE FROM JOB 06								
		OTHER (SPECIFY) 07								
		_ DON'T KNOW1								
C13a C13b.	NO QUES	STIONS THIS VERSION.								
C13c.	Do you ev	ver do things so that people will not find out you receive food stamp								
	PROBE:	For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.								
		YES								

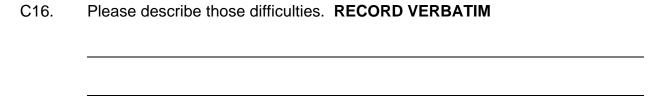
C14. Now I'm going to read some statements about experiences with food stamp benefits.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		. O. (= / (O.) C	, , , , , , <u> </u>
		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores, are you sometimes treated disrespectfully by either employees or other customers?	01	00
b.	Are you embarrassed to use food stamp benefits?	01	00
c.	Do you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Do you feel that you really need food stamp benefits to make it through the month?	01	00
e.	Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Do you have any difficulties arranging meetings with your caseworker at convenient times?	01	00
g.	Do food stamp office staff ever treat you disrespectfully?	01	00

C15.	Have you experienced other difficulties with food stamp benefits that you									
	have not already mentioned? Please do not include any difficulties you had									
	applying, we will ask about this later.									

YES										. (01		
NO .			 		_				_	. (00 1	SKIP TO D	2



	.	

D.	HISTORY OF APPLICATION	ONS							
D1.	NO QUESTION THIS VERSION.								
D2.	When was the last time yo	ou applied for food stamp benef	its?						
	<u> </u> 19 <u> </u>	_ EAR							
D3.	All these next questions rein (MONTH YEAR FROM I	efer to the last time you applied D2).	for food stamp benefits						
	also apply for any other kin	I stamp benefits in (MONTH/YEnds of public assistance such a AFDC, [FILL STATE WELFARE	s Supplemental						
	Massachusetts Ti Minnesota M North Carolina W Pennsylvania Ti	Colorado Works Fransitional Aid to Families with Dependent Ch FIP Minnesota's Family Investment Program Vork First Benefits FANF FANF	ildren						
	YES		01						
	NO		00						
	DON'T KNOW		-1						
D4a.	The last time you applied, form to a food stamp office	did you or someone else mail o e?	or take the application						
	VEC		04 CVID TO DA						

D4b.	Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?									
	PROBE: That is, did you or someone else mail or take the application to									
	CIRCLE ONE									
	AN SSI OFFICE,									
	A SENIOR CENTER,									
	A HOSPITAL, 03									
	A HOUSING COMPLEX, OR 04									
	SOMEWHERE ELSE? (PLEASE SPECIFY) 05									
D4c.	The last time you applied, did you apply yourself or did an authorized representative apply for you?									
	APPLIED MYSELF 01									
	AUTHORIZED REPRESENTATIVE 02									
D4d.	Where did (you/your authorized representative) have the interview with your caseworker?									
	AT FOOD STAMP OFFICE 01									
	AT SSI OFFICE 02									
	AT A SENIOR CENTER									
	AT A HOSPITAL 04									
	AT A HOUSING COMPLEX 05									
	SOMEWHERE ELSE (PLEASE SPECIFY) 06									
	_ AT HOME07									

D4e.	Did you have your interview by telephone or did a caseworker come to your home?							
	BY TELEPHONE							
D4f.	The last time you applied, did you take time off from work to apply for food stamp benefits?							
	YES 01							
	NO 00							
	DON'T KNOW1							
	DOESN'T WORK4							
D4g D4i.	NO QUESTIONS THIS VERSION.							

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell?	01	00
b. NO QUESTION THIS VERSION.		
c. The number of people in your household changed?	01	00
d. NO QUESTION THIS VERSION.		
e. It was getting harder and harder to make ends meet?	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	01	00
g. NO QUESTION THIS VERSION.		
h. You didn't want to get food from family, friends, government programs, or other sources?	01	00
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY)	01	00

D5a	
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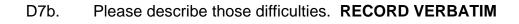
D6. NO QUESTIONS THIS VERSION.

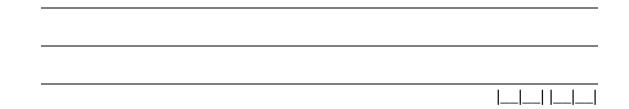
D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

	CIRCLE	CIRCLE "YES" OR "NO"	
	YES	<u>NO</u>	N/A
Was it difficult or expensive for you to get transportation food stamp office?		00	
b. Did you have to go to the food stamp office even though health or disability made it difficult?		00	
c. Was it difficult for you to take time off from work to apply food stamp benefits?		00	-4
d. Did you lose wages when you went to apply for food star benefits?		00	-4
e. Did you have to arrange for care of someone in your hon that you could go to the food stamp office?		00	
f. Did you have to wait a long time to be served at the food office?	•	00	
PROBE: A long time from your point of view.			
g. Were staff at the food stamp office disrespectful?	01	00	
h. Do you think the application form was too long and complicated?	01	00	
i. Did your caseworker ask you questions that were too personal?	01	00	
j. Was it difficult for you to get all the necessary paperwork?	01	00	
k. Did you feel embarrassed having to apply for food stamp	os? 01	00	

D7a.	Did you experience other difficulties applying for food stamp benefits that you
	have not already mentioned?

YES	01	
NO	00!	SKIP TO D8





D8.	In the past 3 years, did you ever begin the food stamp application process and not complete it?
	YES 01
	NO
	REFUSED3
	KEFUSED3
D9.	Why didn't you complete the application process at that time? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	DIDN'T THINK ELIGIBLE 01
	BENEFIT TOO LOW 02
	APPLICATION TOO TIME-CONSUMING
	APPLICATION FORM TOO COMPLICATED
	APPLICATION TOO PERSONAL 05
	TOO MUCH PAPERWORK 06
	DIDN'T KNOW HOW TO COMPLETE THE PROCESS
	NOT TREATED WELL BY STAFF 08
	STIGMA/EMBARRASSMENT/PRIDE 09
	HEALTH/MOBILITY PROBLEMS 10
	LANGUAGE/LITERACY PROBLEMS 11
	MY SITUATION CHANGED12
	TRANSPORTATION PROBLEM 13
	HARD TO GET TIME OFF WORK 14
	LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE 15
	OTHER (SPECIFY) 16

ineligible	
	YES 01
	NO
	DON'T KNOW
Thinking about the last time you applied for food stamp benefits and were ineligible, why were you found ineligible? RECORD VERBATIM AND CIRCALL THAT APPLY.	
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB
	OTHER (SPECIFY) 07
	_ DON'T KNOW1
In the pa	ast 3 years, have you ever been found eligible for food stamp bend them?
PROBE	By that I mean, you were found to be eligible for food stamp be and you did not pick them up or you received them but did not of them.
	YES
	DON'T KNOW

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

CIRCLE ALL THAT APPLY

	l
OTHER (SPECIFY)	10
DID NOT NEED FOOD STAMPS	
BENEFIT AMOUNT WAS TOO SMALL	80
STAMPS OR EBT CARD WERE LOST OR STOLEN	07
TOO HARD TO PICK UP COUPONS/ STAMPS	06
NOT TREATED WELL BY OFFICE/ PROGRAM	05
DID NOT LIKE TO SHOP AT STORES THAT ACCEPT FOOD STAMP BENEFITS	04
NO STORES NEARBY THAT ACCEPT FOOD STAMP BENEFITS	03
NOT TREATED WELL IN FOOD STORES	02
EMBARRASSED TO USE FOOD STAMP BENEFITS	01

D14.-D16. **NO QUESTIONS THIS VERSION.** D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	Did you receive a lot of help with the application?	01	00
b.	Did other family members or friends encourage you to get food stamp benefits?	01	00
C.	Do you feel it's OK to receive food stamp benefits because you pay taxes?	01	00
d.	Do you feel you couldn't get by on your own without food stamp benefits?	01	00
e.	Are you uncomfortable getting food from family, friends, charities, or other programs?	01	00

D18. Are there other circumstances that I haven't mentioned that helped you decide to use food stamp benefits?

Y	ΈS C)1—	
Ν	IO	00	
	(PLEASE SPECIFY):	_ _	•
		<u> </u>	

D19. INTERVIEWER: CHECK QUESTION D17a. DID THEY RECEIVE A LOT OF HELP WITH THE APPLICATION?

YES		
NO	00 I	SKIP TO FO

	CIRCLE ALL THAT APPLY
	TRANSPORTATION TO THE OFFICE 01
	HAVING SOMEONE BE WITH ME AT THE FOOD STAMP OFFICE 02
	HAVING SOMEONE ELSE GO TO OFFICE INSTEAD OF ME
	TRANSLATION 04
	HELP FILLING OUT APPLICATION 05
	HELP OBTAINING NECESSARY DOCUMENTATION
	OTHER (SPECIFY)
Who prov	vided this help?
	CIRCLE ALL THAT APPLY
	CASEWORKER 01
	RELATIVE, FRIEND, OR NEIGHBOR 02
	CLERGYMAN 03
	COMMUNITY WORKER (OUTREACH WORKER OR LEGAL AID REPRESENTATIVE)
	NEFNESENTATIVE)
	VOLUNTEER AT FOOD STAMP OFFICE 05

you

F.	RECEIPT OF FOOD ASSISTANCE
F0.	INTERVIEWER: IS ANYONE IN THIS HOUSEHOLD AGE 60 OR OLDER?
	YES
F1.	During the past 12 months, did (you/anyone) in the household ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?
	PROBE: By facility we mean places such as a senior center or community center or some other special place with a meal program.
	YES 01
	NO
	DON'T KNOW1
F1a.	INTERVIEWER: ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES 01
	NO CHILDREN 00 ! SKIP TO F5
F2.	During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?
	YES 01
	NO
	DON'T KNOW1
	CHILD/CHILDREN DO NOT ATTEND DAY CARE PROGRAM4

E.

NO SECTION E

rs.	months, did any children in the household ever receive free or reduced-cost lunches at school?
	YES 01
	NO
	DON'T KNOW1
	CHILD/CHILDREN DO NOT ATTEND SCHOOL4! SKIP TO F5
F4.	During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?
	YES 01
	NO
	DON'T KNOW1
F5.	INTERVIEWER: CHECK QUESTION A3: IS ANYONE IN THIS HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN UNDER 45 YEARS OF AGE?
	YES 01
	NO
F6.	During the past 12 months, did any (women/women or children/children) in this household ever get food through the WIC program?
	PROBE: By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages to women, infants, and young children.
	YES 01
	NO
	DON'T KNOW
	NO WOMEN OR CHILDREN4

F7.	During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any (other) kind of program?		
	YES 01		
	NO		
	DON'T KNOW1		
	(SPECIFY PROGRAM):		
F8.	In the last 12 months, did you (or other adults in your household) ever get food or borrow money for food from friends or relatives?		
	YES 01		
	NO		
	DON'T KNOW1		
F9.	In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?		
	YES 01		
	NO		
	DON'T KNOW1		
F10.	In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?		
	YES 01		
	NO		
	DON'T KNOW1		

F10a.	Da. In the last 12 months, did you (or other adults in the household) ever receive or reduced-price meals at work?		
	YES		
F11.	Some people are able to get food from their own garden or farm, or from h or fishing. During the last 12 months, did you (anyone in the household) er food from	•	
	<u>YES</u>	<u>NO</u>	
	a. Your own vegetable garden?	00	
	b. Meat, poultry, or eggs from animals you raise?01	00	
	c. Meat or fish from hunting or fishing?01	00	
F11a.	In the last 12 months, did you (or other adults in your household) ever get food from any source we haven't already mentioned?		
	PROBE: Please include any free meals or groceries that you receive from person or source that we haven't already mentioned.	any	
	YES		

F12. **NO QUESTION THIS VERSION.**

INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (*), CIRCLE THE QUESTION NUMBER.

G. FOOD SECURITY

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true or never true for (you/your household) in the last 12 months?

Often true	01 '
Sometimes true	02 '
Never true	03
DON'T KNOW	-1

G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often true, sometimes true or never true for you in the last 12 months?

Often true	01 '
Sometimes true	02 '
Never true	03
DON'T KNOW	-1

G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes or never true for you in the last 12 months?

Often true	01 *
Sometimes true	02 *
Never true	03
DON'T KNOW	-1

G4.	UNDER 18 IN HOUSEHOLD?					
	YES 01					
	NO					
G5.	(I/We) relied on only a few kinds of low-cost foods to feed (my/our) (child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes or never true for (you/your household) in the last 12 months?					
	PROBE: By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.					
	Often true 01 *					
	Sometimes true					
	Never true 03					
	DON'T KNOW1					
G6.	"(I/We) couldn't feed (my/our) (child/children) a balanced meal, because (I/we) couldn't afford that." Was that often, sometimes, or never true for (you/your household) in the last 12 months?					
	Often true 01 *					
	Sometimes true					
	Never true 03					
	DON'T KNOW1					
G7.	"(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?					
	Often true 01 *					
	Sometimes true					
	Never true 03					
	DON'T KNOW1					

G8.	INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 21 AND 22? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02)?
	YES 01
	NO
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
	YES 01
	NO
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1
G10.	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
	YES 01
	NO
	DON'T KNOW1

G11.	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
	YES 01 *
	NO
	DON'T KNOW1
G12.	In the last 12 months, did you lose weight because you didn't have enough money for food?
	YES 01 *
	NO
	DON'T KNOW1
G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
	YES
	NO
	DON'T KNOW
G13a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1
G14.	INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES 01
	NO

GIS.	23 AND 24? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?
	YES 01
	NO
G16.	The next questions are about children living in the household who are under 18 years old.
	in the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW1
G17.	In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?
	YES 01
	NO
G17a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1

G18.	In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?				
	YES				
G19.	In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?				
	YES 01				
	NO				
	DON'T KNOW1				

H.	EMPLOYMENT HISTORY
H1.	Including yourself, which people in your household work at a job for pay? RECORD NAMES AT H1.
	NONE 00 ! SKIP TO J1

H2. How many hours per week (does NAME/do you)usually work for pay? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

HOUSEHOLD NAMES RECORDED BELOW 01

INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"

H3. How much (does NAME/do you) earn on this job, <u>before taxes and any other deductions are taken out?</u> **RECORD BELOW FOR EACH PERSON.**

INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."

PROBE: What is (NAME'S/YOUR) gross pay?

H1		H2			Н3		
	Name	Hours Per Week	Hourly Wage	OR	Salary	Per	Salary Basis
1	- CODER: Person # from A1:	 DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
2	- CODER: Person # from A1:	_ DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
3	- CODER: Person # from A1:	_ DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
4	- CODER: Person # from A1:	_ DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06

5		_	\$. /HR.	OR	\$,	Per	Day 01
	_						Week 02
		DON'T KNOW1	DON'T KNOW1		DON'T KNOW1		2 Weeks 03
	CODER:						2X Month 04
	Person # from A1:						Month 05
							Year 06
	_						

H4.	INTERVIEWER:		TIONS H1 AND H2. SEL REATEST NUMBER OF	
	NAME:_			
	CODER	: PERSON # FRO	M A1:	
H5.	Now I'm going to	ask you some que	stions about (your/NAME	E'S) job.
	What is (your/NA	ME'S) job title?		
	FOR EXAMPLE:	Retail sales perso	n, clerk, waiter, cook.	
	IF MORE THAN SPENDS MOST	•	FOR THE JOB PERSO	N CURRENTLY
H6.	What are (your/N	AME'S) main dutie	s as (a/an) (JOB TITLE I	FROM H5)?
		,	responsibilities or activition in the doctor in the most time doctor.	
H7.	How long (have y	ou/has NAME) bee	en working at this job?	
	IF MORE THAN SPENDS MOST	•	FOR JOB PERSON CU	RRENTLY
	RECORD TO TH MONTHS.	E NEAREST YEAR	R. IF LESS THAN ONE	YEAR, RECORD
	_	YEARS OR	MONTHS	

H8.	How likely is it that (you/NAME) will be working at this job three months from now? Would you say it is very likely, somewhat likely, or not likely at all?
	VERY LIKELY
	SOMEWHAT LIKELY 02
	NOT LIKELY AT ALL
	DON'T KNOW
H9.	Do you think (you/NAME) will be earning more, the same, or less three months from now?
	MORE 01
	SAME 02
	LESS 03
	DON'T KNOW
H10.	Including (your/NAME's) present job, over the past 12 months, how many different paid jobs (have you/has NAME) had? Please include all part-time and full-time jobs held for at least two weeks.
	CIRCLE ONE
	ONE 01
	TWO 02
	THREE 03
	FOUR 04
	FIVE OR MORE
	DON'T KNOW1

H11a.	During the past 12 months, were there times when (you were/NAME was) not working for pay?				
	YES 01				
	NO				
H11b.	About how many months (were you/was NAME) not working for pay?				
	CIRCLE ONE				
	NONE 00				
	LESS THAN ONE MONTH 01				
	BETWEEN 1 AND 3 MONTHS 02				
	BETWEEN 4 AND 6 MONTHS 03				
	BETWEEN 7 AND 9 MONTHS 04				
	BETWEEN 10 AND 12 MONTHS 05				
	DON'T KNOW1				

I. NO SECTION I

J. SOCIAL SUPPORTS

J1. How long have you lived in your neighborhood?

IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD NUMBER OF MONTHS.

- J2. NO QUESTION THIS VERSION.
- J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

CIRC	CLE ONE
LESS THAN 30 MINUTES AWAY	. 01
30 MINUTES TO 2 HOURS AWAY	. 02
MORE THAN 2 HOURS AWAY	. 03
NO LIVING CHILDREN OR RELATIVES	4

K.	INCOME AND EXPENSES

K1. Which of the following best describes where you live now . . .

A place you own, 01

Or someplace else? (SPECIFY) 04

K2. What is your monthly mortgage payment?

\$ |___|, |___|

K3. (Do you/Does your household) make a separate home insurance payment?

YES 01

NO 00

K4. (Do you/Does your household) pay a separate property tax bill?

K5.	What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.
	PROBE: Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.
	\$,
	DON'T KNOW1
K5a.	(Do you/Does your household) pay separate heating or air-conditioning costs?
	YES 01
	NO 00
K6.	INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?
	ONE 01 ! SKIP TO K7b
	MORE THAN ONE
K6a.	Last month, did (you/your household) pay for the care of children or other dependents so that someone in your household could go to work, school, or a training program?
	YES 01
	NO 00 ! SKIP TO K7b
	DON'T KNOW1
K6b.	How much did (you/your household) pay out-of-pocket last month?
	\$,
	DON'T KNOW1

K7.	NO QUESTION THIS VERSION.
K7a.	NO QUESTION THIS VERSION.
K7b.	Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.
	YES
K7c.	Is there anyone in your household who is age 60 or older? YES
K8.	Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO? YES
K8a.	How much did (you/your household) pay last month. Please tell me only the amount that you and members of your household pay out-of-pocket. \$, DON'T KNOW1

K8b.	NO QUESTIC	ON THIS V	ERSION.
------	------------	-----------	---------

K9. Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.

\$, _							
DON'T KNOW		 	 	 			-1

INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
1. CO: Colorado Works; MA: Transitional Aid to Families with Dependent Children; MN: MFIP Minnesota's Family Investment Program; NC: Work First Benefits PATX: Temporary Assistance for Needy Families (TANF)? YES01 NO00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	[STATE WELFARE NAME]/ Temporary Assistance for Needy Families (TANF)? YES	<u>NAME</u>	AMOUNT KNOW \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1
General Assistance, general relief, or welfare?		General Assistance, general relief, or welfare?	NAME	DON'T AMOUNT KNOW
YES 01	\$, 6 ASK K12	YES 01	IVAIVIL	\$, -1
NO 00 6 ASK K12	DON'T KNOW1! GO TO K12	NO 00 6 GO TO K10.3		\$, -1
				\$, -1
				\$, -1
Social Security checks from the government?		Social Security checks from the government?	<u>NAME</u>	DON'T AMOUNT KNOW
YES 01	\$, _ 6 ASK K12	YES 01		\$, -1
NO 00 6 ASK K12	DON'T KNOW1 ! GO TO K12	NO 00 6 GO TO K10.4		\$, -1
				\$, -1
				\$, -1
Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?		Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?	<u>NAME</u>	AMOUNT KNOW \$, -1
YES 01	\$, _ 6 ASK K12	YES 01		\$, -1
NO 00 6 ASK K12	DON'T KNOW1 ! GO TO K12	NO 00 6 GO TO K10.5		\$, -1
10 00 0 ASK KIZ	I GO TO RIZ			\$, -1

K10 During (LAST MONTH) did you receive any	K11 How much did you receive from (SOURCE) last month?	K12 Did anyone else in your household receive any (SOURCE) last month?	K13 Who else received (SOURCE) last month?	K14 How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
5. SSI or Supplemental Security Income from the federal, state, or local government? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	SSI or Supplemental Security Income from the federal, state, or local government? YES	<u>NAME</u>	AMOUNT KNOW \$, -1 \$, -1 \$, -1 \$, -1

	K10	K11	K12	K13	K14	
	iring (LAST MONTH) d you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAN receive from (SOURCE) last mont ENTER AMOUNT RECEIVED FOR EAC NAME.	nth?
6.	Veteran's benefits? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1 ! GO TO K12	Veteran's benefits? YES	<u>NAME</u>		-1
7.	Unemployment Insurance or workman's compensation benefits? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1 ! GO TO K12	Unemployment Insurance or workman's compensation benefits? YES	<u>NAME</u>		-1
8.	Any child support payments or alimony? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1 ! GO TO K12	Any child support payments or alimony? YES	<u>NAME</u>		1
9.	Payments from roomers or boarders? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Payments from roomers or boarders? YES	<u>NAME</u>		1
10.	Financial support from friends or family? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Financial support from friends or family? YES	<u>NAME</u>		1

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
Any other income such as income from business or prizes?		Any other income such as income from business or prizes?	<u>NAME</u>	DON'T AMOUNT KNOW
YES 01 ! (SPECIFY)	\$, _ 6 ASK K12	YES 01 ! SPECIFY		\$, -1 \$, -1
NO 00 6 ASK K12	DON'T KNOW1 ! GO TO K12	NO 00 6 GO TO K15		\$, -1 \$, -1

K15.	Do you (or does anybody in your household) own a car, truck, van, or motorcycle? Please include any cars, trucks, vans, or motorcycles that you're making payments on.						
	YES		01				
	NO		00 ! SKI	P TO K18			
K16.	What (is/are) the motorcycle(s)?	e year(s), make(s), a	and model(s) of the car(s), truck((s), van(s), or			
	PROBE:	Please include ar	ny vehicle owned by a household	d members.			
	19	_ Make:	Model:				
	19	_ Make:	Model:				
	19	_ Make:	Model:				
	DON'	Γ KNOW	1! ASK	K K17			
		SKIP TO	O K18				
		SKIP II	O KI6				
K17.	INTERVIEWER:		OR MODEL ARE UNKNOWN, A pximate value of each vehicle owners?				
	Vehicl	e 1: \$					
	Vehicl	e 2: \$					
	Vehicl	e 3: \$					

K18.	(Including yourself, is anyone in your household/Are you) legally required to pay child support?
	YES 01
	NO
K19.	In total, how much child support (was paid by all members of your household/did you pay) last month?
	\$, ! SKIP TO L2
	DON'T KNOW1
	REFUSED3
K20.	Would you tell me which of the following ranges best describes the total amount of child support paid last month?
	More than \$250
	Exactly \$250
	Less than \$250
	DON'T KNOW/REFUSED
K21.	Was it
	\$50 or less,
	Between \$51 and \$100, 02
	Between \$101 and \$150, 03 SKIP TO L2
	Between \$151 and \$200, 04
	Or, between \$201 and \$250? 05
	DON'T KNOW/REFUSED3

K22. Was it . . .

Between \$250 and \$300,	01
Between \$301 and \$350,	02
Between \$351 and \$400,	03
Between \$401 and \$450,	04
Or, over \$450?	05
DON'T KNOW/REFUSED	-3

L.	DEMOGRAPHIC INFORMATION
L1.	NO QUESTION THIS VERSION.
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male or female?
	MALE
	FEMALE 00
L3.	Are you now
	Married, 01
	Living with someone as married, 02
	Widowed,
	Divorced, 04
	Separated,
	Or have you never been married? 06

L.

L4.	What is the highest grade or level of school that you have completed?
	FIRST GRADE 01
	SECOND GRADE
	THIRD GRADE
	FOURTH GRADE
	FIFTH GRADE
	SIXTH GRADE
	SEVENTH GRADE 07
	EIGHTH GRADE 08
	NINTH GRADE
	TENTH GRADE 10
	ELEVENTH GRADE 11
	TWELFTH GRADE 12
	GRADUATED HIGH SCHOOL (DIPLOMA) 13
	GED 14
	VOCATIONAL TRAINING PROGRAM CERTIFICATE
	SOME COLLEGE 16
	TWO- OR FOUR-YEAR COLLEGE DEGREE 17
	OTHER (SPECIFY)
	DON'T KNOW
	REFUSED
L5.	Are you Hispanic, Latino or of Spanish origin?
	YES 01
	NO
	DON'T KNOW1
	REFLISED -3

L6.	What is your racia races	al background? Choose one or more of the following
	INTERVIEWER:	ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.
	White, .	01
	Black or	African American, 02
	America	n Indian or Alaska Native, 03
	Asian, .	04
	Native H	awaiian or Other Pacific Islander? 05
	OTHER	(SPECIFY)
		<u> </u>
	DON'T P	(NOW1
	REFUSE	ED3
L7.	Is everyone in you	ur household a U.S. citizen?
L7a.	Is anyone in your	household a U.S. citizen?
L8.	These are all my	questions. Thank you very much for your time.
		TIME ENDED: _ : AM01 PM02

IVI.	(To be filled out after interview is completed.)
M1.	In general, was the respondent's understanding of the questions?
	CIRCLE ONE
	EXCELLENT 01
	GOOD 02
	FAIR 03
	POOR
M2.	Did the respondent seem to have any trouble understanding English?
	YES 01
	NO 00
M3.	Were there any questions that the respondent complained about?
	YES 01
	NO

M3a. Please list the questions and describe the problems.

Question	Problem

M4.	Were there any questions which the respondent didn't understand?

YES 0	YES																																		()1
-------	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	----

M4a. Please list the questions and describe the problems.

Question	Problem

OMB No.: 0584-0486 Expiration Date: 11/98

ELDERLY NONPARTICIPANT SHORT INTERVIEW

nterviewer ID: _ _ Date Completed: / _ /19 _ Month Day Year MPR ID: _ _ _ Name of Original Respondent: Name of Respondent: Phone Number: _ - _ - _ Area Code
Time Zone: 9 Eastern 9 Central 9 Mountain
9 Elderly in Household
Callbacks/Appointments Intv ID Date Time Status Callback Date Callback Time
INTERIM CALLBACK/APPOINTMENT CALLBACK/NO APPOINTMENT CALLBACK/NO APPOINTMENT NO ANSWER/BUSY NO ANSWER/BUSY NO ANSWERING MACHINE UNLOCATABLE UNLOCATABLE UNAVAILABLE DURING FIELD PERIOD INITIAL REFUSAL(SCREENER COMPLETE) INCOMPLETE/BREAKOFF NO ANSWERING MACHINE RESPONDENT OUT OF TOWN RESPONDENT WILL CALL MPR NEEDS NEW LETTER OTHER
H:\PROJECT\8305\012\Ques\EN-SHORT.Q7 <i>LAVENDER</i> QC: CODER: DATE:

OMB No.: 0584-0486

	7
INTER	VIEWER ID #: _/ / 19 D #: _
	TIME BEGAN: _ : AM01 PM02
	WP & PE STUDY
	Main Questionnaire: Elderly NonparticipantShort
A.	HOUSEHOLD COMPOSITION
A1s.	How many people in your household are 60 years of age or older? By household I mean yourself and the people who currently live with you and share food with you.
	PROBE: Include any persons who live with you more than half time.
A2s.	Including yourself, how many people in your household are under 18 years of age?
	ll
A3s.	Including yourself, how many people in your household currently work at a job for pay?
	NONE 00 ! SKIP TO C1
A4s.	Do you work at a job for pay?
	YES 01
	NO

C.	FSP PARTICIPATION HISTORY
C1.	Have you received food stamp benefits in the past 3 years?
	YES
C2 C2a.	NO QUESTIONS THIS VERSION.
C3.	When was the last time you received food stamp benefits?
	19 MONTH YEAR
C3a.	INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?
	YES 01 ! SKIP TO D1
	NO
	DON'T KNOW1
C4.	How did you get your food stamp benefits in (DATE FROM C3)? Did you get coupons or credit to an EBT card?
	PROBE: In Colorado, the EBT card is called Colorado Quest. In Massachusetts, the EBT card is called an EBT card. In Texas, the EBT card is called the Lone Star card. No EBT card in Minnesota, North Carolina or Pennsylvania.
	COUPONS 01
	EBT CARD 02

В.

NO SECTION B

C4a.	What was the amount of food stamp benefits you received in (DATE FROM C3)?
	\$,
	DON'T KNOW1
C5.	Did you stop receiving food stamp benefits in (DATE FROM C3) because you were notified that you were not eligible?
	YES

<u>CI</u>	RCLE ALL THAT APPLY
NOT WORTH THE EFFORT FOR THE AMOUNT OF BENEFITS	01
NO LONGER NEEDED FOOD STAMBENEFITS	
EMBARRASSED USING FOOD STA	
THOUGHT NO LONGER ELIGIBLE	04
THOUGHT SITUATION WOULD IMPROVE	05
HARD TO GET TO FOOD STAMP O	OFFICE 06
PROCESS OF RECEIVING FOOD STAMP BENEFITS IS TOO LONG OR COMPLICATED	07
HAD TO ANSWER TOO MANY PERSONAL QUESTIONS	08
FAMILY MEMBERS DISAPPROVED OF MY/OUR RECEIVING FOOD STAMP BENEFITS	
DO NOT LIKE TO RELY ON GOVERNMENT ASSISTANCE	10
OTHER PEOPLE NEEDED THEM M	MORE 11
NOT TREATED WELL BY STAFF .	12
OFFICE IS VERY UNPLEASANT	13
OFFICE IN AN UNSAFE NEIGHBORHOOD	14
OTHER (SPECIFY)	15

	JESTIONS THIS VERSION.
	past 3 years, did you ever stop receiving food stamp benefits because otified that you were not eligible?
	YES
benefit	ng about the last time you were found ineligible to receive food stamp is, what were the reasons? RECORD VERBATIM AND CIRCLE ALL APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	INCOME TOO HIGH

SKIP TO C13c

CIRCLE ALL THAT APPLY INCOME TOO HIGH		
INCOME TOO HIGH		_ _
TOO MANY ASSETS	CIRCLE	E ALL THAT APPLY
MISSING PAPERWORK	INCOME TOO HIGH	01
CITIZENSHIP STATUS	TOO MANY ASSETS	02
DID NOT SATISFY WORK REQUIREMENTS	MISSING PAPERWORK	03
REQUIREMENTS	CITIZENSHIP STATUS	04
		05
	ON STRIKE FROM JOB	06
OTHER (SPECIFY) 07	OTHER (SPECIFY)	07

C13b. NO QUESTION THIS VERSION.

C13c. When you received food stamps in the past three years, did you ever do things so that people will not find out you receive food stamp benefits?

PROBE: For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

YES	 															01
NO .	 															00

C14. Now I'm going to read some statements about experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or customers?	01	00
b.	Were you embarrassed to use food stamp benefits?	01	00
C.	Did you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Did you feel that you really needed food stamp benefits to make it through the month?	01	00
e.	Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Did you have any difficulties arranging meetings with your caseworker at convenient times?	01	00
g.	Did food stamp office staff ever treat you disrespectfully?	01	00

C15.	Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.
	YES
C16.	Please describe those difficulties. RECORD VERBATIM

D.	HISTORY OF APPLICAT	ΓIONS
D1.		d stamp benefits in the past 3 years? By applied I mean ted a new application form?
	YES	
D2.	When was the last time y	ou applied for food stamp benefits?
	<u> </u> 19 _ MONTH \	 ′EAR
D3.	All these next questions in (MONTH/YEAR FROM	refer to the last time you applied for food stamp benefits 1 D2).
	also apply for any other k	od stamp benefits in (MONTH/YEAR FROM D2), did you kinds of public assistance such as Supplemental, AFDC, [FILL STATE WELFARE NAME], Medicaid, or
	Colorado Massachusetts Minnesota North Carolina Pennsylvania Texas	Colorado Works Transitional Aid to Families with Dependent Children MFIP Minnesota's Family Investment Program Work First Benefits TANF TANF
	YES	
	NO	
	DON'T KNOW	1
D4a.	The last time you applied form to a food stamp office	l, did you or someone else mail or take the application ce?

YES 01 ! **SKIP TO D4c**

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else? CIRCLE ONE AN SSI OFFICE, 01 A SENIOR CENTER, 02 A HOSPITAL, 03 SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05 D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you? APPLIED MYSELF 01 AUTHORIZED REPRESENTATIVE 02 Where did (you/your authorized representative) have the interview with your D4d. caseworker? AT FOOD STAMP OFFICE 01 SKIP TO D4q SOMEWHERE ELSE (PLEASE SPECIFY) .. 06 AT HOME 07

home	?
	BY TELEPHONE 01
	VISIT BY CASEWORKER
NO Q	UESTION THIS VERSION.
The la	ast time you applied, did you have a lot of help with the application?
	YES 01
	NO
	DON'T KNOW
	type of help did you receive? RECORD VERBATIM AND CIRCLE ALL APPLY.
	CIRCLE ALL THAT APPLY
	CIRCLE ALL THAT APPLY TRANSPORTATION TO THE OFFICE 01 HAVING SOMEONE BE WITH ME
	CIRCLE ALL THAT APPLY TRANSPORTATION TO THE OFFICE 01 HAVING SOMEONE BE WITH ME AT THE FOOD STAMP OFFICE 02 HAVING SOMEONE ELSE GO TO
	CIRCLE ALL THAT APPLY TRANSPORTATION TO THE OFFICE
	CIRCLE ALL THAT APPLY TRANSPORTATION TO THE OFFICE
	CIRCLE ALL THAT APPLY TRANSPORTATION TO THE OFFICE

D4i. Who provided this help?

CIRCLE ALL THAT APPLY
CASEWORKER01
RELATIVE, FRIEND, OR NEIGHBOR 02
CLERGYMAN 03
COMMUNITY WORKER (OUTREACH WORKER OR LEGAL AID REPRESENTATIVE)
VOLUNTEER AT FOOD STAMP OFFICE 05
OTHER (SPECIFY) 06
<u> </u>

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell?	01	00
b. NO QUESTION THIS VERSION.		
c. The number of people in your household changed?	01	00
d. NO QUESTION THIS VERSION.		
e. It was getting harder and harder to make ends meet?	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	01	00
g. NO QUESTION THIS VERSION.		
h. NO QUESTION THIS VERSION.		
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY)	01	00

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "YES" OR "NO"		
		<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Was it difficult or expensive for you to get transportation to the food stamp office?	01	00	
b.	Did you have to go to the food stamp office even though your health or disability made it difficult?	01	00	
C.	Was it difficult for you to take time off from work to apply for food stamp benefits?	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits?	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office?	01	00	
f.	Did you have to wait a long time to be served at the food stamp office?	01	00	
	PROBE: A long time from your point of view.			
g.	Were staff at the food stamp office disrespectful?	01	00	
h.	Do you think the application form was too long and complicated?	01	00	
i.	Did your caseworker ask you questions that were too personal?	01	00	
j.	Was it difficult for you to get all the necessary paperwork?	01	00	
k.	Did you feel embarrassed having to apply for food stamps?	01	00	

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES	 ٠.	٠.				 			•					01		
NO .	 					 							 	00!	SKIP	TO D8

- D7b. Please describe those difficulties. RECORD VERBATIM
- D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES	01	
NO	00	1
NO	-1	SKIP TO D10
REFUSED	-3 —	

D9.	Why didn't you complete the application process at that time?
	RECORD VERBATIM AND CIRCLE ALL THAT APPLY.

_
CIRCLE ALL THAT APPLY
DIDN'T THINK ELIGIBLE
BENEFIT TOO LOW 02
APPLICATION TOO TIME-CONSUMING 03
APPLICATION FORM TOO COMPLICATED
APPLICATION TOO PERSONAL
TOO MUCH PAPERWORK
DIDN'T KNOW HOW TO COMPLETE THE PROCESS
NOT TREATED WELL BY STAFF 08
STIGMA/EMBARRASSMENT/PRIDE 09
HEALTH/MOBILITY PROBLEMS 10
LANGUAGE/LITERACY PROBLEMS 11
MY SITUATION CHANGED 12
TRANSPORTATION PROBLEM 13
HARD TO GET TIME OFF WORK 14

LOSE WAGES WHEN I GO TO

10.	In the past 3 years, have you applied for food stamp benefits and been found ineligible?
	YES
11.	Thinking about the last time you applied for food stamp benefits and were found ineligible to receive food stamp benefits, why were you found ineligible? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY) 07
	DON'T KNOW1

	he past 3 years, have you ever been found eligible for food stamp benefits but used them?
PR	OBE: By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.
	YES 01
	NO
	DON'T KNOW
	e last time that happened, why didn't you use them? RECORD VERBATIM D CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	EMBARRASSED TO USE FOOD STAMP BENEFITS
	NOT TREATED WELL IN FOOD STORES 02
	NO STORES NEARBY THAT ACCEPT FOOD STAMP BENEFITS
	DID NOT LIKE TO SHOP AT STORES THAT ACCEPT FOOD STAMP BENEFITS 04
	NOT TREATED WELL BY OFFICE/ PROGRAM05
	TOO HARD TO PICK UP COUPONS/ STAMPS 06
	STAMPS OR EBT CARD WERE LOST OR STOLEN 07
	BENEFIT AMOUNT WAS TOO SMALL 08
	DID NOT NEED FOOD STAMPS 09
	OTHER (SPECIFY)

GO TO E1

D14.	Have you contacted the food stamp office to ask about food stamp benefits in the past 3 years?
	YES
D15 D16b.	NO QUESTIONS THIS VERSION.

•	n't you complete an application form at that time?	RECORD
	I	
	CIRCLE ALL TH	IAT APPLY
	DIDN'T THINK ELIGIBLE 01	
	BENEFIT TOO LOW 02	
	APPLICATION TOO TIME-CONSUMING 03	;
	APPLICATION FORM TOO COMPLICATED	
	APPLICATION TOO PERSONAL 05	;
	TOO MUCH PAPERWORK 06	;
	DIDN'T KNOW HOW TO COMPLETE THE PROCESS	,
	NOT TREATED WELL BY STAFF 08	;
	STIGMA/EMBARRASSMENT/PRIDE 09)
	HEALTH/MOBILITY PROBLEMS 10)
	LANGUAGE/LITERACY PROBLEMS 11	
	MY SITUATION CHANGED 12	!
	TRANSPORTATION PROBLEM	•
	HARD TO GET TIME OFF WORK 14	
	LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE	į
	OTHER (SPECIFY)	}

_	_	
1)1	•	-

D21. NO QUESTIONS THIS VERSION.

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E. NON-PARTICIPATION

Now I would like to talk to you about the reasons you currently do <u>not</u> use food stamps.

	yc			E2. Is this an important reason you don't use food stamp benefits?			E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
a. Do you know where to go or who to contact to apply for food stamp benefits?	SKIP 01 ! TO E1b	00	-1	01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits?		00	-1	01	00	-1	02
c. Do you think it would be hard to get to the food stamp office?	01	SKIP 00 ! TO E1d	SKIP -1! TO E1d	01	00	-1	03
d. Do you think the application process is too long and complicated?	01	SKIP 00 ! TO E1e	SKIP -1 ! TO E1e	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits?	01	SKIP 00 ! TO E1f	SKIP -1! TO E1f	01	00	-1	05
f. Do you think you would feel embarrassed applying for food stamp benefits?	01	SKIP 00! TO E1g	SKIP -1 ! TO E1g	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits?	01	SKIP 00 ! TO E1h	SKIP -1! TO E1h	01	00	-1	07
h. Can you get by on your own without food stamp benefits?	01	SKIP 00 ! TO E1i	SKIP -1! TO E1i	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do?	01	SKIP 00 ! TO E1j	SKIP -1! TO E1j	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits?	01	SKIP 00 ! TO E1k	SKIP -1 ! TO E1k	01	00	-1	10
k. Would you dislike relying on government assistance?	01	SKIP 00 ! TO E1I	SKIP -1 ! TO E1I	01	00	-1	11
Would other family members or friends discourage you from using food stamp benefits?	01	SKIP 00! TO E1m	SKIP -1! TO E1m	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully?	01	SKIP 00 ! TO E1n	SKIP -1! TO E1n	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe?	01	SKIP 00 ! TO E1o	SKIP -1! TO E1o	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary?	01	SKIP 00 ! TO E1p	SKIP -1! TO E1p	01	00	-1	15

p. Are there other important reasons why you do not use food stamp benefits that we have not just mentioned?	01	00 !	SKIP TO E3	-1!	SKIP TO E3	01	00	-1	16

E3.	INTERVIEWER: HOW MANY "YESES" ARE CIRCLED IN QUESTION E2?
	NONE 00 ONE 01 MORE THAN ONE 02
E4.	Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? RECORD IN COLUMN MARKED E4.
E5.	INTERVIEWER: WAS THE RESPONSE TO E1b "YES"? YES 01 NO 00 ! SKIP TO E7
E6.	You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.
	<u>CIRCLE ONE RESPONSE</u>
	\$10 OR LESS 01
	BETWEEN \$11 AND \$25
	BETWEEN \$26 AND \$50
	BETWEEN \$51 AND \$100 04
	BETWEEN \$101 AND \$150 05
	BETWEEN \$151 AND \$200
	MORE THAN \$300 08
	DON'T KNOW

GO TO E9

VEK	BATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DO NOT SATISFY WORK
	REQUIREMENTS
	ON STRIKE FROM JOB
	OTHER (SPECIFY) 07
	DON'T KNOW
Dov	ou think you are currently ineligible because you were told by some
-	ood stamp office that you are ineligible?
	YES 01
	NO 00 ! SKIP TO !
	e you told this within the last month, within the last three months, with
iast	year, or more than one year ago?
	WITHIN THE LAST MONTH 01
	WITHIN THE LAST 3 MONTHS 02
	WITHIN THE LAST YEAR 03
	MODE THAN ONE VEAD AGO
	MORE THAN ONE YEAR AGO 04

E8b.	Were you told by someone at another program that you are ineligent stamp benefits?	gible fo	r food
	YES	KIP TO	E9
E8c.	Do you think you are ineligible because you know someone like ineligible?	you who	o is
	YES 01		
	NO		
E9.	INTERVIEWER: WAS THE RESPONSE TO E1c "YES"?		
	YES 01		
	NO 00! S	КІР ТО	E11
E10.	You said you think it would be hard to get to the food stamp offic	e. Is th	nis
		<u>YES</u>	<u>NO</u>
	a. Because it is difficult or expensive to get transportation?	01	00
	b. Because of difficulties you have getting around?	01	00
	c. Because of difficulties you would have taking time off work?	01	00
	d. Because you would lose pay going to the food stamp office?	01	00
	e. Because you would have to pay for someone to take care of someone in your home?	01	00
	f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00

E11.	INTERVIEWER: WAS THE RESPONSE TO E1d "YES"?			
	YES	SKIP T	O E13	
E12.	You think the application process would be too long and complic this	ated. Is	5	
		<u>YES</u>	<u>NO</u>	
	Because you think you would have to wait a long time to be served?	01	00	
	PROBE: A long time from your point of view.			
	b. Because you think the application form is too long and complicated?	01	00	
	c. Because you think it would be difficulty to get all the necessary paperwork?	01	00	
	d. Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00	
E12a.	INTERVIEWER: WAS THE RESPONSE TO PART "a" OF E12	"YES"	?	
	YES			
	NO	SKIP T	O E13	
E12b.	You said you would have to wait a long time to be served. How you would have to wait? Would it be	long do	you thir	١k
	15 minutes or less? 01			
	16 to 30 minutes?			
	31 minutes to one hour? 03			
	Or, more than one hour?			
	DON'T KNOW1			

E13.	INTERVIEWER: WAS THE RESPONSE TO E1e "YES"?							
	YES 01							
	NO							
E14.	You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?							
	CIRCLE ALL THAT APPLY							
	WHO LIVES IN HOUSEHOLD 01							
	CITIZENSHIP 02							
	DISABILITIES 03							
	RESOURCES/ASSETS 04							
	INCOME 05							
	MEDICAL EXPENSES 06							
	DEPENDENT-CARE EXPENSES 07							
	SHELTER EXPENSES 08							
	CHILD SUPPORT PAYMENTS 09							
	OTHER (SPECIFY)							
E15.	INTERVIEWER: WAS THE RESPONSE TO E1g "YES"?							
	YES 01							
	NO							
E16.	You said you think you are eligible for only a small amount of food stamp benefits.							

E16a.	Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?
	YES 01
	NO
	DON'T KNOW
E16b.	Were you told this within the last month, within the last three months, within the last year, or more than one year ago?
	WITHIN LAST MONTH 01
	WITHIN LAST 3 MONTHS 02
	WITHIN THE LAST YEAR 03
	MORE THAN ONE YEAR AGO 04
	DON'T KNOW1
	GO TO E17
E16c.	Were you told by someone at another program that you were eligible for only a small amount of benefits?
	YES 01
	NO
	DON'T KNOW
E16d.	Do you think that you would receive only a small amount of benefits because you know someone like you who receives only a small amount of benefits?
	YES
	NO
	DON'T KNOW1

E17.	INT	ERVIEWER: WAS THE RESPONSE TO E1n "YES"?		
		YES	SKIP TO	E19
E18.		u thought the food stamp office would be very unpleasange? Is this	t or you wo	ould not be
			<u>YES</u>	<u>NO</u>
	a.	Because the inside of the building would be unpleasant?	01	00
	b.	Because you wouldn't like waiting with the other applicants?	01	00
	C.	Because the office would be in an unsafe neighborhood?	01	00
	d.	Because of something else? (SPECIFY)	01	00
E19.		you agree with the statement made by some people that d stamp benefits if you pay taxes"?	: "its OK to	receive
		YES 01		
		NO		

F. NO SECTION F

G.	FO	OI	า ร	F	CU.	IR	IT)	1
u.		v.		_		,,,		

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true	01
Sometimes true	02
Never true	03
DON'T KNOW	-1

G2.-G4. **NO QUESTIONS THIS VERSION.**

G4s. INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?

YES	01	
NO	00!	SKIP TO G9

G5. "(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

PROBE: By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Titen true	01
Sometimes true	02
lever true	03
OON'T KNOW	-1

G6 G8.	NO QUESTIONS THIS VERSION.
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? YES
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months? Almost every month
G10 G12.	NO QUESTIONS THIS VERSION.
G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food? YES

G14. NO QUESTION THIS VERSION.

G14s.	INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES 01
	NO
G15.	NO QUESTION THIS VERSION.
G16.	The next questions are about children living in the household who are under 18 years old.
	In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW1
G17	
G19.	NO QUESTIONS THIS VERSION.

Н.	NO SECTION H
l.	NO SECTION I
J.	NO SECTION J
K.	NO SECTION K
L.	DEMOGRAPHIC INFORMATION
L1.	Now, I have just a few final questions.
	Can you tell me your age?
	/ / 19 MONTH DAY YEAR
	OR YEARS OLD
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male or female?
	MALE 01
	FEMALE 00
L3.	Are you now
	Married, 01
	Living with someone as married, 02
	Widowed, 03
	Divorced,
	Separated,
	Or have you never been married? 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE 0°
SECOND GRADE
THIRD GRADE 03
FOURTH GRADE 04
FIFTH GRADE05
SIXTH GRADE 06
SEVENTH GRADE 07
EIGHTH GRADE 08
NINTH GRADE
TENTH GRADE
ELEVENTH GRADE 1
TWELFTH GRADE 12
GRADUATED HIGH SCHOOL (DIPLOMA) 13
GED 14
VOCATIONAL TRAINING PROGRAM CERTIFICATE
SOME COLLEGE 16
TWO- OR FOUR-YEAR COLLEGE DEGREE
OTHER (SPECIFY)
DON'T KNOW
REFUSED

L5.	Are you Hispanic, Latino or of Spanish origin?
	YES 01
	NO
	DON'T KNOW1
	REFUSED3
L6.	What is your racial background? Choose one or more of the following races
	INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.
	White, 01
	Black or African American, 02
	American Indian or Alaska Native, 03
	Asian, 04
	Native Hawaiian or Other Pacific Islander? 05
	OTHER (SPECIFY)
	DON'T KNOW
	REFUSED
L7 L7a.	NO QUESTIONS THIS VERSION.
L8.	These are all my questions. Thank you very much for your time.
	TIME ENDED: _ : AM01 PM02

M.	(To be filled out after interview is completed.)
M1.	In general, was the respondent's understanding of the questions?
	<u>CIRCLE ONE</u>
	EXCELLENT 01
	GOOD 02
	FAIR 03
	POOR 04
M2.	Did the respondent seem to have any trouble understanding English?
	YES
	NO
M3.	Were there any questions that the respondent complained about?
	YES

M3a. Please list the questions and describe the problems.

Question	Problem

M4.	Were there any	aucotiona	which the	roopondont	4:451	inderated do
IVI 4 .	were mere anv	uuestions	which the	respondent	alan i i	inderstand?

YES	01
-----	----

M4a. Please list the questions and describe the problems.

Question	Problem

OMB No.: 0584-0486 Expiration Date: 11/98

ELDERLY NONPARTICIPANT LONG INTERVIEW

Inte	erviewer ID: _	_ _ _	_	Date Com	pleted:	 Month	/ _ /19 _ Day Ye	_ ear
MPR ID: _ _								Jui
Na	me of Original	Responder	nt:				_	
Na	me of Respond	dent:					-	
Pho	one Number: A	- Area Code	_ _ -	-				
Tim	ne Zone: 9 Ea	stern 9	Central	9 Mounta	iin			
9 E	Elderly in Hous	ehold						
	Callbacks/Ap	pointments						
	Intv ID	Date	Time	Status	Callbac	k Date	Callback Ti	me
		/	A/P		/		A/	Р
		/	A/P		/_		A/	Р
		/	A/P		/_		A/	Р
	NOTES:							
STA	TUS CODES:							
		INTERIM				FINAL		
	CALLBACK/APPOINTMI CALLBACK/NO APPOIN			01 COM 02 REF				
	NO ANSWER/BUSY				OMPLETE/BREA	KOFF		
	ANSWERING MACHINE				OCATABLE			
	WRONG#/CHANGED # INITIAL REFUSAL(SCRI	EENED COMBLETE	3)		VAILABLE DURI ONIC NO ANSW		RIOD	
	INCOMPLETE/BREAKO		.)		WERING MACH			
	RESPONDENT OUT OF				RIER (LANG/PH			
	RESPONDENT WILL CA	ALL MPR		09 OTH	IER			
30 31	NEEDS NEW LETTER OTHER							

QC: CODER: _____ DATE: ____

OMB No.: 0584-0486

INTERVIEWER ID #:	DATE: _ / / 19 YEAR
	TIME BEGAN: _ : AM01 PM02

WP & PE STUDY

Main Questionnaire: Elderly Nonparticipant--Long

A. HOUSEHOLD COMPOSITION

A1. Please tell me the first name or initials of each person who currently lives in your household starting with you. By household I mean people who live with you and share food with you.

PROBE: Include any persons who live with you more than half time.

- A2. How is (NAME) related to you? **ENTER CODE BELOW.**
- A3. How old (are you/is NAME)? **PROBE:** Your best estimate is fine.

Person	A1.	A2.	A3.
Number	First Name or Initials	Relationship	Age
1.		SELF	 DON'T KNOW1
2.			_ DON'T KNOW1
3.		_	 DON'T KNOW1
4.		_	 DON'T KNOW1
5.		_	 DON'T KNOW1
6.		_	 DON'T KNOW1
7.			 DON'T KNOW1
8.			 DON'T KNOW1
9.		_	 DON'T KNOW1
10.			 DON'T KNOW1

RELATIONSHIP CODES

01	MALE SPOUSE/PARTNER	06	GRANDMOTHER	11	OTHER MALE RELATIVE
02	FEMALE SPOUSE/PARTNER	07	SON/STEPSON		OR NONRELATIVE
03	FATHER/STEPFATHER	80	DAUGHTER/STEPDAUGHTER	12	OTHER FEMALE RELATIVE
04	MOTHER/STEPMOTHER	09	BROTHER/STEPBROTHER		OR NONRELATIVE
05	GRANDFATHER	10	SISTER/STEPSISTER		
	OTO TITLE I		0.012.4012.0.012.1		

A4.	I've recorded the following names (READ NAMELSE such as babies or small children? Anyon now away from home, or anyone else staying	e who usually lives with you but is
	YES 01 !	GO BACK AND CORRECT A1-A3
	NO 00	

B.	KNOWLEDGE OF THE FSP
B0.	Before we talked to you about this survey, had you heard of food stamps or the Food Stamp Program?
	YES 01
	NO
B1.	NO QUESTION THIS VERSION.
B2.	As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?
	YES 01
	NO 00
	DON'T KNOW1
B3	NO OUTSTIONS THIS VERSION
B8.	NO QUESTIONS THIS VERSION.

C.	FSP PARTICIPATION HISTORY
•	

C1. Have you received food stamp benefits in the past 3 years?

YES 01 ! **SKIP TO C2a** NO 00

C2. Over the course of your adult life, have you ever received food stamp benefits?

C2a. Did you receive food stamp benefits for more than 3 months since February 1, 1997?

C3. When was the last time you received food stamp benefits?

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C3a. INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?

C4.	How did you get your food sta coupons or credit to an EBT o	amp benefits in (DATE FROM C3)? Did you get card?
	In Texas, the EBT ca	In Colorado, the EBT card is called Colorado Quest. ne EBT card is called an EBT card. ard is called the Lone Star card. nesota, North Carolina or Pennsylvania.
	COUPONS	01
	EBT CARD	02
C4a.	What was the amount of food	stamp benefits you received in (DATE FROM C3)?
	\$, _	<u>l</u>
	DON'T KNOW	1
C5.	Did you stop receiving food so were notified that you were no	camp benefits in (DATE FROM C3) because you ot eligible?
	YES	01 ! SKIP TO C13a
	NO	00

	_
CIRCLE ALL	THAT APPLY
NOT WORTH THE EFFORT FOR THE AMOUNT OF BENEFITS	01
NO LONGER NEEDED FOOD STAMP BENEFITS	02
EMBARRASSED USING FOOD STAMP BENEFITS	03
THOUGHT NO LONGER ELIGIBLE	04
THOUGHT SITUATION WOULD IMPROVE	05
HARD TO GET TO FOOD STAMP OFFICE	06
PROCESS OF RECEIVING FOOD STAMP BENEFITS IS TOO LONG OR COMPLICATED	07
HAD TO ANSWER TOO MANY PERSONAL QUESTIONS	08
FAMILY MEMBERS DISAPPROVED OF MY/OUR RECEIVING FOOD STAMP BENEFITS	09
DO NOT LIKE TO RELY ON GOVERNMENT ASSISTANCE	10
OTHER PEOPLE NEEDED THEM MORE	11
NOT TREATED WELL BY STAFF	12
OFFICE IS VERY UNPLEASANT	13
OFFICE IN AN UNSAFE NEIGHBORHOOD	14

NO	QUESTIONS THIS VERSION.
	e past 3 years, did you ever stop receiving food stamp benefits because you e notified that you were not eligible?
	YES
	NO
	DON'T KNOW
	REFUSED
bene	king about the last time you were found ineligible to receive food stamp efits, what were the reasons? RECORD VERBATIM AND CIRCLE ALL IT APPLY.
	CIRCLE ALL THAT APPLY
	CIRCLE ALL THAT APPLY INCOME TOO HIGH
	INCOME TOO HIGH 01
	INCOME TOO HIGH

SKIP TO C13c

C13a.	Why were you found ineligible? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH
	TOO MANY ASSETS 02
	MISSING PAPERWORK
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK
	REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW
C13b.	NO QUESTION THIS VERSION.
C13c.	When you received food stamps in the past, did you ever do things so that people will not find out you receive food stamp benefits?
	PROBE: For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.
	YES 01
	NO

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or customers?	01	00
b.	Were you embarrassed to use food stamp benefits?	01	00
C.	Did you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Did you feel that you really needed food stamp benefits to make it through the month?	01	00
e.	Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Did you have any difficulties arranging meetings with your caseworker at convenient times?	01	00
g.	Did food stamp office staff ever treat you disrespectfully?	01	00

C15. Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES																
NO .	 										 			00 !	SKIP TO	D 1

C16.	Please describe those difficulties.	RECORD VERBATIM					
			1	ī	П	1	ī

D.	HISTORY OF APPLICATION	DNS
D1.	Have you applied for food s have you at least completed	tamp benefits in the past 3 years? By applied I mean d a new application form?
	NO	
D2.	When was the last time you	applied for food stamp benefits?
	19 MONTH YE	
D3.	All these next questions refin (MONTH YEAR FROM D	er to the last time you applied for food stamp benefits (2).
	also apply for any other kind	stamp benefits in (MONTH/YEAR FROM D2), did you ds of public assistance such as Supplemental FDC, [FILL STATE WELFARE NAME], Medicaid, or
	Massachusetts Tra Minnesota MF	
	YES	
	NO	
	DON'T KNOW	1
D4a.	The last time you applied, of form to a food stamp office	lid you or someone else mail or take the application?

NO 00

YES 01 ! **SKIP TO D4c**

D4b.	Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?
	<u>CIRCLE ONE</u>
	AN SSI OFFICE, 01
	A SENIOR CENTER, 02
	A HOSPITAL,
	A HOUSING COMPLEX, OR 04
	SOMEWHERE ELSE? (PLEASE SPECIFY) . 05
D4c.	The last time you applied, did you apply yourself or did an authorized representative apply for you?
	APPLIED MYSELF
	AUTHORIZED REPRESENTATIVE 02
D4d.	Where did (you/your authorized representative) have the interview with your caseworker?
	AT FOOD STAMP OFFICE 01
	AT SSI OFFICE
	AT A SENIOR CENTER 03 SKIP TO D4f
	AT A HOSPITAL
	AT A HOUSING COMPLEX 05
	SOMEWHERE ELSE (PLEASE SPECIFY) 06
	_ AT HOME

D4e.	Did you have your interview by telephone or did a caseworker come to your home?
	BY TELEPHONE 01
	VISIT BY CASEWORKER 02
D4f.	The last time you applied, did you take time off from work to apply for food stamp benefits?
	YES 01
	NO
	DON'T KNOW1
	DOESN'T WORK4
D4g.	The last time you applied, did you have a lot of help with the application?
	YES 01
	NO
	DON'T KNOW1

	CIRCLE ALL THAT APPLY
	TRANSPORTATION TO THE OFFICE 01
	HAVING SOMEONE BE WITH ME
	AT THE FOOD STAMP OFFICE 02
	HAVING SOMEONE ELSE GO TO
	OFFICE INSTEAD OF ME
	TRANSLATION
	HELP FILLING OUT APPLICATION 05 HELP OBTAINING NECESSARY
	DOCUMENTATION
	OTHER (SPECIFY)
Who p	rovided this help?
•	
·	
·	CASEWORKER
·	CASEWORKER
·	RELATIVE, FRIEND, OR NEIGHBOR 02 CLERGYMAN 03
	CASEWORKER
	CASEWORKER

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell?	01	00
b. NO QUESTION THIS VERSION.		
c. The number of people in your household changed?	01	00
d. NO QUESTION THIS VERSION.		
e. It was getting harder and harder to make ends meet?	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	01	00
g. NO QUESTION THIS VERSION.		
h. NO QUESTION THIS VERSION.		
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY)	01	00

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

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D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

			CIRCLE "Y	ES" OR	"NO"
			<u>YES</u>	<u>NO</u>	N/A
	a.	Was it difficult or expensive for you to get transportation to the food stamp office?	01	00	
	b.	Did you have to go to the food stamp office even though your health or disability made it difficult?	01	00	
	C.	Was it difficult for you to take time off from work to apply for food stamp benefits?	01	00	-4
	d.	Did you lose wages when you went to apply for food stamp benefits?	01	00	-4
	e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office?	01	00	
	f.	Did you have to wait a long time to be served at the food stamp office?	01	00	
		PROBE: A long time from your point of view.			
	g.	Were staff at the food stamp office disrespectful?	01	00	
	h.	Do you think the application form was too long and complicated?	01	00	
	i.	Did your caseworker ask you questions that were too personal?	01	00	
	j.	Was it difficult for you to get all the necessary paperwork?	01	00	
	k.	Did you feel embarrassed having to apply for food stamps?	01	00	
D7a.		you experience other difficulties applying for food see not already mentioned?	stamp bene	fits tha	t you

	YES	
D7b.	Please describe those difficulties. RECORD VERBATIM	

	1		l 1	
			I	
 	' '			

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES	01
NO	00
DON'T KNOW	-1 → SKIP TO D10
REFUSED	-3

D9. Why didn't you complete the application process at that time? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

CIRCLE ALL THAT APPLY

DIDN'T THINK ELIGIBLE	01
BENEFIT TOO LOW	02
APPLICATION TOO TIME-CONSUMING	03
APPLICATION FORM TOO COMPLICATED	04
APPLICATION TOO PERSONAL	05
TOO MUCH PAPERWORK	06
DIDN'T KNOW HOW TO COMPLETE THE PROCESS	07
NOT TREATED WELL BY STAFF	08
STIGMA/EMBARRASSMENT/PRIDE	09
HEALTH/MOBILITY PROBLEMS	10
LANGUAGE/LITERACY PROBLEMS	11
MY SITUATION CHANGED	12
TRANSPORTATION PROBLEM	13
HARD TO GET TIME OFF WORK	14
LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE	15
OTHER (SPECIFY)	16

In the p ineligib	past 3 years, have you applied for food stamp ben le?	efits and been found
	YES	00 → SKIP TO
ineligib	g about the last time you applied for food stamp ble, why were you found ineligible? RECORD VER	
		_
	CIRCLE ALI	L THAT APPLY
	INCOME TOO HIGH	. 01
	TOO MANY ASSETS	. 02
	MISSING PAPERWORK	. 03
	CITIZENSHIP STATUS	. 04
	DID NOT SATISFY WORK REQUIREMENTS	. 05
	ON STRIKE FROM JOB	. 06
	OTHER (SPECIFY)	. 07

-	past 3 years, have you ever been found eligible for food stamp benefits bued them?	Jt
PROB	E: By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.	/
	YES 01	
	NO 00 —	_
	DON'T KNOW	1
	st time that happened, why didn't you use them? RECORD VERBATIM SIRCLE ALL THAT APPLY.	
_	CIRCLE ALL THAT APPLY	
	EMBARRASSED TO USE FOOD STAMP BENEFITS	
1	NOT TREATED WELL IN FOOD STORES 02	
1	NO STORES NEARBY THAT ACCEPT	
F	FOOD STAMP BENEFITS	
	DID NOT LIKE TO SHOP AT STORES THAT ACCEPT FOOD STAMP BENEFITS 04	
1	NOT TREATED WELL BY OFFICE/PROGRAM 04	
7	TOO HARD TO PICK UP COUPONS/STAMPS 06	
	STAMPS OR EBT CARD WERE LOST OR STOLEN	
E	BENEFIT AMOUNT WAS TOO SMALL 08	
[OID NOT NEED FOOD STAMPS 09	
	OTHER (OREGIE)()	
(OTHER (SPECIFY) 10	
(-		

GO TO E1

D14.	Have you contacted the food stamp office to ask about food stamp benefits in the past 3 years? YES					
	NO	SKIP TO) E1			
D15.	When was the last time you contacted the food stamp office to a stamp benefits?	ısk abou	t food			
	19 MONTH YEAR					
D16.	Which of the following reasons led you to ask about food stamp (DATE FROM D15)?	benefits	in			
		<u>YES</u>	<u>NO</u>			
	a. Your household income fell?	01	00			
	b. NO QUESTION THIS VERSION.					
	c. The number of people in your household changed?	01	00			
	d. NO QUESTION THIS VERSION.					
	e. It was getting harder and harder to make ends meet?	01	00			
	f. You couldn't get as much food as you needed from					
	family, friends, government programs, or other sources (such as food banks)?	01	00			
	g. NO QUESTION THIS VERSION.					
	h. NO QUESTION THIS VERSION.					
	i. You learned about the program or your eligibility for food stamp benefits?	01	00			
	j. Some other reason? (SPECIFY)	01	00			

D16a D16b.	NO QUESTIONS THIS VERSION.
D16c.	Why didn't you complete an application form at that time? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	DIDN'T THINK ELIGIBLE 01
	BENEFIT TOO LOW 02
	APPLICATION TOO TIME-CONSUMING 03
	APPLICATION FORM TOO COMPLICATED
	APPLICATION TOO PERSONAL 05
	TOO MUCH PAPERWORK
	DIDN'T KNOW HOW TO COMPLETE THE PROCESS 07
	NOT TREATED WELL BY STAFF 08
	STIGMA/EMBARRASSMENT/PRIDE 09
	HEALTH/MOBILITY PROBLEMS 10
	LANGUAGE/LITERACY PROBLEMS 11
	MY SITUATION CHANGED 12
	TRANSPORTATION PROBLEM 13
	HARD TO GET TIME OFF WORK 14
	LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE
	OTHER (SPECIFY) 16

D17.-

D21. NO QUESTIONS THIS VERSION.

E. NONPARTICIPATION

Now I would like to talk to you about the reasons you currently do <u>not</u> use food stamps.

	Y			E2. Is this an important reason you don't use food stamp benefits?			E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
Do you know where to go or who to contact to apply for food stamp benefits?	SKIP 01 ! TO E1b	00	-1	01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits?	SKIP 01 ! TO E1c	00	-1	01	00	-1	02
c. Do you think it would be hard to get to the food stamp office?	01	SKIP 00 ! TO E1d	SKIP -1! TO E1d	01	00	-1	03
d. Do you think the application process is too long and complicated?	01	SKIP 00 ! TO E1e	SKIP -1 ! TO E1e	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits?	01	SKIP 00 ! TO E1f	SKIP -1! TO E1f	01	00	-1	05
f. Do you think you would feel embarrassed applying for food stamp benefits?	01	SKIP 00 ! TO E1g	SKIP -1! TO E1g	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits?	01	SKIP 00 ! TO E1h	SKIP -1! TO E1h	01	00	-1	07
h. Can you get by on your own without food stamp benefits?	01	SKIP 00 ! TO E1i	SKIP -1! TO E1i	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do?	01	SKIP 00 ! TO E1j	SKIP -1! TO E1j	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits?	01	SKIP 00 ! TO E1k	SKIP -1! TO E1k	01	00	-1	10
k. Would you dislike relying on government assistance?	01	SKIP 00 ! TO E1I	SKIP -1 ! TO E1I	01	00	-1	11
Would other family members or friends discourage you from using food stamp benefits?	01	SKIP 00 ! TO E1m	SKIP -1! TO E1m	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully?	01	SKIP 00 ! TO E1n	SKIP -1! TO E1n	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe?	01	SKIP 00 ! TO E1o	SKIP -1! TO E1o	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary?	01	SKIP 00 ! TO E1p	SKIP -1! TO E1p	01	00	-1	15

p. Are there other important reasons why you do not use food stamp benefits that we have not just mentioned?	01 00	SKIP 0 ! TO E3	-1!	SKIP TO E3	01	00	-1	16

E3.	INTERVIEWER: HOW MANY "YESES" ARE CIRCLED IN QUESTION E2?
	NONE 00 → SKIP TO E5 ONE 01 MORE THAN ONE 02
E4.	Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? RECORD IN COLUMN MARKED E4.
E5.	INTERVIEWER: WAS THE RESPONSE TO E1b "YES"?
	YES 01
	NO
E6.	You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.
	<u>CIRCLE ONE RESPONSE</u>
	\$10 OR LESS 01
	BETWEEN \$11 AND \$25 02
	BETWEEN \$26 AND \$50 03
	BETWEEN \$51 AND \$100 04
	BETWEEN \$101 AND \$150 05
	BETWEEN \$151 AND \$200 06
	BETWEEN \$201 AND \$300 07
	MORE THAN \$300 08
	DON'T KNOW1

GO TO E9

	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH
	TOO MANY ASSETS
	MISSING PAPERWORK
	CITIZENSHIP STATUS
	DO NOT SATISFY WORK
	REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW1
Do v	ou think you are currently ineligible because you were told by someo
-	food stamp office that you are ineligible?
	YES
	NO
	re you told this within the last month, within the last three months, with
last	year, or more than one year ago?
	WITHIN THE LAST MONTH 01
	WITHIN THE LAST 3 MONTHS 02
	WITHIN THE LAST YEAR
	MORE THAN ONE YEAR AGO 04
	DON'T KNOW1

E8b.	. Were you told by someone at another program that you are inel stamp benefits?				
	YES	SKIP TO	O E9		
E8c.	Do you think you are ineligible because you know someone like ineligible? YES	you wh	no is		
E9.	INTERVIEWER: WAS THE RESPONSE TO E1c "YES"? YES 01 NO 00 ! \$	SKIP TO	O E11		
E10.	You said you think it would be hard to get to the food stamp offils this	ce. YES	NO		
	a. Because it is difficult or expensive to get	ILO	<u>INO</u>		
	transportation?	01	00		
	b. Because of difficulties you have getting around?	01	00		
	c. Because of difficulties you would have taking time off work?	01	00		
	d. Because you would lose pay going to the food stamp office?	01	00		
	e. Because you would have to pay for someone to take care of someone in your home?	01	00		
	f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00		

"	NIERVIEWER: WAS THE RESPONSE TO ETG. TES ?		
	YES 01		
	NO	SKIP 1	ΓΟ E13
	· · · · · · · · · · · · · · · · · · ·	cated.	ls
		<u>YES</u>	<u>NO</u>
a.	to be served?	01	00
	PROBE: A long time from your point of view.		
b.	Because you think the application form is too long and complicated?	01	00
C.	Because you think it would be difficult to get all the necessary paperwork?	01	00
d.	Because of some other reason I haven't mentioned? (PLEASE SPECIFY)	01	00
II	NTERVIEWER: WAS THE RESPONSE TO PART "a" OF E12	2 "YES	"?
	YES 01		
	NO	SKIP 1	ГО Е13
	, and the second se	long do	o you think
	15 minutes or less? 01		
	16 to 30 minutes? 02		
	31 minutes to one hour? 03		
	Or, more than one hour? 04		
	DON'T KNOW		
	a. b. d.	You think the application process would be too long and complication a. Because you think you would have to wait a long time to be served? PROBE: A long time from your point of view. b. Because you think the application form is too long and complicated? c. Because you think it would be difficult to get all the necessary paperwork? d. Because of some other reason I haven't mentioned? (PLEASE SPECIFY) INTERVIEWER: WAS THE RESPONSE TO PART "a" OF E12 YES	YES

E13.	INTERVIEWER: WAS THE RESPONSE TO E1e "YES"?
	YES 01
	NO
E14.	You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?
	<u>CIRCLE ALL THAT APPLY</u>
	WHO LIVES IN HOUSEHOLD 01
	CITIZENSHIP 02
	DISABILITIES 03
	RESOURCES/ASSETS 04
	INCOME 05
	MEDICAL EXPENSES 06
	DEPENDENT-CARE EXPENSES 07
	SHELTER EXPENSES 08
	CHILD SUPPORT PAYMENTS 09
	OTHER (SPECIFY)
E15.	INTERVIEWER: WAS THE RESPONSE TO E1g "YES"?
	YES 01
	NO
E16.	You said you think you are eligible for only a small amount of food stamp benefits.

E16a.	Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?						
	YES 01						
	NO						
	DON'T KNOW						
E16b.	Were you told this within the last month, within the last three months, within the last year, or more than one year ago?						
	WITHIN LAST MONTH 01						
	WITHIN LAST 3 MONTHS 02						
	WITHIN THE LAST YEAR 03						
	MORE THAN ONE YEAR AGO 04						
	DON'T KNOW1						
	SKIP TO E17						
E16c.	Were you told by someone at another program that you were eligible for only a small amount of food stamp benefits?						
	YES 01						
	NO						
	DON'T KNOW1						
E16d.	Do you think that you would receive only a small amount of benefits because you know someone like you who receives only a small amount of benefits?						
	YES 01						
	NO						
	DON'T KNOW1						

E17.				
		YES	SKIP TO	E19
E18.		u thought the food stamp office would be very unpleasante? Is this	t or you wo	uld not be
			<u>YES</u>	<u>NO</u>
	a.	Because the inside of the building would be unpleasant?	01	00
	b.	Because you wouldn't like waiting with the other applicants?	01	00
	C.	Because the office would be in an unsafe neighborhood?	01	00
	d.	Because of something else? (SPECIFY)	01	00
E19.		you agree with the statement made by some people that d stamp benefits if you pay taxes"?	"its OK to	receive
		YES 01		
		NO 00		

H:\PROJECT\8305\012\Ques\EN-LONG.Q7

F1.	During the past 12 months, did (you/anyone in the household) ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?
	PROBE: By facility we mean places such as a senior center or community center or some other special place with a meal program.
	YES 01
	NO
	DON'T KNOW1
F1a.	INTERVIEWER: ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES 01
	NO CHILDREN
F2.	During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?
	YES 01
	NO
	DON'T KNOW
	CHILD/CHILDREN DO NOT ATTEND DAY CARE PROGRAM4

F.

RECEIPT OF FOOD ASSISTANCE

F3.	Not counting meals at Head Start or daycare programs, during the past 12 months, did any children in the household ever receive free or reduced-cost lunches at school?		
	YES 01		
	NO		
	DON'T KNOW1		
	CHILD/CHILDREN DO NOT		
	ATTEND SCHOOL4! SKIP TO F5		
F4.	During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?		
	YES 01		
	NO		
	DON'T KNOW		
F5.	INTERVIEWER: CHECK QUESTION A1: IS ANYONE IN THIS HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN UNDER 45 YEARS OF AGE?		
	YES 01		
	NO		
F6.	During the past 12 months, did (you/anyone in the household) ever get food through the WIC program?		
	PROBE: By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages and nutrition education to women, infants, and young children.		
	YES 01		
	NO		
	DON'T KNOW		

F7.	During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any other kind of program?		
	YES 01——		
	NO		
	DON'T KNOW1		
	(SPECIFY PROGRAM):		
F8.	In the last 12 months, did you (or other adults in your household) ever get food oborrow money for food from friends or relatives?		
	YES		
	NO		
	DON'T KNOW		
F9.	In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?		
	YES		
	NO		
	DON'T KNOW		
F10.	In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?		
	YES 01		
	NO		
	DON'T KNOW1		

or

F10a.	In the last 12 months, did you (or other adults in the household) eve or reduced-price meals at work?	r recei	ve free
	YES		
F11.	Some people are able to get food from their own garden or farm, or or fishing. During the last 12 months, did you (anyone in the housel food from		_
	<u> </u>	<u>YES</u>	<u>NO</u>
	a. Your own vegetable garden?	01	00
	b. Meat, poultry, or eggs from animals you raise?	01	00
	c. Meat or fish from hunting or fishing?	01	00
F11a.	In the last 12 months, did you (or other adults in your household) ev food from any source we haven't already mentioned?	er get	free
	PROBE: Please include any free meals or groceries that you receive person or source that we haven't already mentioned	e from	n any
	YES 01		
	NO		
	Where?		

INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (*), CIRCLE THE QUESTION NUMBER.

C		SECURI	TV
G.	FUUU	SECURI	1 1

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true	01 *
Sometimes true	02 *
Never true	03
DON'T KNOW	-1

G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true	01 *
Sometimes true	02 *
Never true	03
DON'T KNOW	-1

G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true	01 *
Sometimes true	02 *
Never true	03
DON'T KNOW	-1

G4.	INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?		
	YES	01	
	NO	00 ! SKIP TO G8	
G5.	,	-cost food to feed (my/our) child/the ing out of money to buy food." Was that /your household) in the last 12 months?	
	PROBE: By low-cost food we mean ric potatoes, or foods like that.	e, beans, macaroni products, bread, or	
	Often true	01 *	
	Sometimes true	02 *	
	Never true	03	
	DON'T KNOW	1	
G6.	"(I/We) couldn't feed (my/our) (child/chil couldn't afford that." Was that often, so household) in the last 12 months?	,	
	Often true	01 *	
	Sometimes true	02 *	
	Never true	03	
	DON'T KNOW	1	

G7.	"(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?		
	Often true 01 *		
	Sometimes true		
	Never true		
	DON'T KNOW1		
G8.	INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 33 AND 34? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02)?		
	YES 01		
	NO		
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?		
	YES 01		
	NO		
	DON'T KNOW		
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?		
	Almost every month 01		
	Some months but not every month 02		
	Only 1 or 2 months		
	DON'T KNOW		

G10.	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
	YES 01
	NO
	DON'T KNOW1
G11.	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
	YES 01 *
	NO
	DON'T KNOW1
G12.	In the last 12 months, did you lose weight because you didn't have enough money for food?
	YES 01 *
	NO
	DON'T KNOW
G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
	YES 01 *
	NO
	DON'T KNOW1 → SKIP TO G14

G13a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?		
	Almost every month 01		
	Some months but not every month 02		
	Only 1 or 2 months		
	DON'T KNOW1		
G14.	INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?		
	YES 01		
	NO		
G15.	INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 35 AND 36? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?		
	YES 01		
	NO		
G16.	The next questions are about children living in the household who are under 18 years old.		
	In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?		
	YES 01		
	NO		
	DON'T KNOW1		

G17.	In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?					
	YES 01					
	NO					
	DON'T KNOW					
G17a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?					
	Almost every month 01					
	Some months but not every month 02					
	Only 1 or 2 months					
	DON'T KNOW1					
G18.	In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?					
	YES 01					
	NO					
	DON'T KNOW1					
G19.	In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?					
	YES 01					
	NO					
	DON'T KNOW1					

H. EMPLOYMENT HISTORY

H1.	Including yourself, which people in your household work at a job for pay? RECORD NAME	S AT H1.
	NONE 00 ! SKIP TO I1	
	HOUSEHOLD NAMES RECORDED BELOW 01	

H2. How many hours per week (does NAME/do you)usually work? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"

H3. How much (does NAME/do you) earn on this job, <u>before taxes and any other deductions are taken out?</u> **RECORD BELOW FOR EACH PERSON.**

INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."

PROBE: What is (NAME'S/YOUR) gross pay?

H1		H2			Н3		
	Name	Hours Per Week	Hourly Wage	OR	Salary	Per	Salary Basis
1	CODER: Person # from A1:	_ DON'T KNOW1	\$ /HR. DON'T KNOW1	OR	\$ _ , DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
2		 DON'T KNOW1	\$ /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
3		 DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
4	 CODER: Person # from A1: 	_ DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06

5		_	\$ _ . /HR. OR	\$ _,	Per	Day 01
	-	DON'T KNOW1	DON'T KNOW1	DON'T KNOW1		Week 02 2 Weeks 03
	CODER: Person # from A1:					2X Month 04 Month 05
	_					Year 06

H4.-H11. NO QUESTIONS THIS VERSION.

I. HEALTH

I1. Would you say that your current health condition is excellent, good, fair or poor?

EXCELLENT	01
GOOD	02
FAIR	03
POOR	04

I2. Next, I will read a list of activities with which some people have difficulty because of a health or physical reason. Please tell me if you have no difficulty, some difficulty, a great deal of difficulty, or are unable to do these activities without the use of aids or another person?

	NO DIFFICULTY	SOME DIFFICULTY	A GREAT DEAL OF DIFFICULTY	UNABLE TO DO	DON'T KNOW/ DON'T DO
a. Eating, bathing, dressing, getting around your home or other personal care needs	01	02	03	04	-1
 b. Managing your money (such as keeping track of your expenses or paying bills, balancing a check book, or filling out tax forms) 	01	02	03	04	-1
c. Getting out of your home to shop or visit a doctor's office	01	02	03	04	-1

J. SOCIAL SUPPORTS

J1. How long have you lived in your neighborhood?

IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD NUMBER OF MONTHS.

	_ / <u> </u> S MONTHS
	OR
SINCE	19

MONTH

J2. In a typical week during the past year, how often did you get together in person with friends, neighbors, or relatives? By get together I mean going out together or visiting in each other's homes? Did you get together . . .

Every day,	07
Five or six times a week,	05
Three or four times a week,	03
Once or twice a week, or	01
Less than once per week?	00

J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

	CIRCLE ONE
LESS THAN 30 MINUTES AWAY	01
30 MINUTES TO 2 HOURS AWAY	02
MORE THAN 2 HOURS AWAY	03
NO LIVING CHILDREN OR RELATIVES	4

K. INCOME AND EXPENSES

K1.	Which of the following best describes where you live now	
rvi.	William of the following pest describes writer you live now.	

K2. What is your monthly mortgage payment?

K3. (Do you/Does your household) make a separate home insurance payment?

YES	01
NO	00
DON'T KNOW	-1

K4. (Do you/Does your household) pay a separate property tax bill?

YES			
NO	00	→	SKIP TO K6
DON'T KNOW	1	J	

K5.	What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.
	PROBE: Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.
	\$,
	DON'T KNOW1
K5a.	(Do you/Does your household) pay separate heating or air-conditioning costs?
	YES 01
	NO
K6.	INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?
	ONE 01 ! SKIP TO K7b
	MORE THAN ONE
K6a.	Last month, did (you/your household) pay out-of-pocket for the care of children or other dependents so that someone in your household could go to work, school, or a training program?
	YES 01
	NO
	DON'T KNOW1
K6b.	How much did (you/your household) pay out-of-pocket last month?
	\$,
	DON'T KNOW1

K7a.	NO QUESTION THIS VERSION.
K7b.	Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.
	YES 01
	NO
	DON'T KNOW1
K7c.	NO QUESTION THIS VERSION.
K8.	Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO?
	YES
K8a.	How much did (you/your household) pay last month. Please tell me only the
rtou.	amount that you and members of your household pay out-of-pocket.
	\$,
	DON'T KNOW1
K8b.	NO QUESTION THIS VERSION.
K9.	Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.
	\$,
	DON'T KNOW1

K7.

NO QUESTION THIS VERSION.

INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
1. CO: Colorado Works; MA: Transitional Aid to Families with Dependent Children; MN: MFIP Minnesota's Family Investment Program; NC: Work First Benefits PA/TX: Temporary Assistance for Needy Families (TANF)? YES01 NO00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	[STATE WELFARE NAME]/ Temporary Assistance for Needy Families (TANF)? YES	<u>NAME</u>	AMOUNT KNOW \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1
General Assistance, general relief, or welfare?		General Assistance, general relief, or welfare?	NAME	DON'T AMOUNT KNOW
YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	YES 01 NO		\$, -1 \$, -1 \$, -1
3. Social Security checks from the government? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Social Security checks from the government? YES 01 NO	<u>NAME</u>	DON'T AMOUNT \$, -1 \$, -1 \$, -1
4. Other retirement benefits (that are not Social Security) such as a government or private pension or annuity? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	Other retirement benefits (that are not Social Security) such as a government or private pension or annuity? YES 01 NO	<u>NAME</u>	AMOUNT KNOW \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1

K10 During (LAST MONTH) did you receive any	K11 How much did you receive from (SOURCE) last month?	K12 Did anyone else in your household receive any (SOURCE) last month?	K13 Who else received (SOURCE) last month?	K14 How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
5. SSI or Supplemental Security Income from the federal, state, or local government? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	SSI or Supplemental Security Income from the federal, state, or local government? YES	<u>NAME</u>	AMOUNT KNOW \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1

	K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any		How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
6.	Veteran's benefits? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Veteran's benefits? YES 01 NO	<u>NAME</u>	AMOUNT KNOW \$ _ , _ 1 \$ _ , _ 1 \$ _ , _ 1 \$ _ , _ 1
7.	Unemployment Insurance or workman's compensation benefits? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	Unemployment Insurance or workman's compensation benefits? YES	<u>NAME</u>	AMOUNT KNOW \$, -1 \$, -1 \$, -1
8.	Any child support payments or alimony? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1 ! GO TO K12	Any child support payments or alimony? YES	<u>NAME</u>	AMOUNT DON'T KNOW \$, -1 \$, -1 \$, -1
9.	Payments from roomers or boarders? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Payments from roomers or boarders? YES 01 NO	<u>NAME</u>	AMOUNT
10.	Financial support from friends or family? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	Financial support from friends or family? YES	NAME	AMOUNT KNOW \$, -1 \$, -1 \$, -1

K10 During (LAST MONTH) did you receive any	K11 How much did you receive from (SOURCE) last month?	K12 Did anyone else in your household receive any (SOURCE) last month?	K13 Who else received (SOURCE) last month?	K14 How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
Any other income such as income from business or prizes?		Any other income such as income from business or prizes?	NAME	DON'T AMOUNT KNOW
YES 01 ! (SPECIFY)	\$, _ 6 ASK K12	YES 01 ! SPECIFY		\$, -1 \$, -1
NO 00 6 ASK K12	DON'T KNOW1! GO TO K12	NO 00 6 GO TO K15		\$, -1 \$, -1

K15.	Do you (or does anybody in your household) own a car, truck, van, or motorcycle? Please include any cars, trucks, vans, or motorcycles that you're making payments on.	
	YES 01	
	NO	18
K16.	What (is/are) the year(s), make(s), and model(s) of the car(s), truck(s), van(motorcycle(s)?	s), or
	PROBE: Please include any vehicle owned by a household member	er.
	19 Make: Model:	
	19 Make: Model:	
	19 Make: Model:	
	DON'T KNOW1 ! ASK K17	
K17.	SKIP TO K18 INTERVIEWER: IF YEAR, MAKE OR MODEL ARE UNKNOWN, ASK: What is the approximate value of each vehicle owned by household members?	
	Vehicle 1: \$	
	Vehicle 2: \$	
	Vehicle 3: \$	

K18.	(Including yourself, is anyone in your household/Are you) legally required to pay child support?
	YES 01
	NO
K19.	In total, how much child support (was paid by all members of your household/did you pay) last month?
	\$, ! SKIP TO L2
	DON'T KNOW1
	REFUSED3
K20.	Would you tell me which of the following ranges best describes the total amount of child support paid last month?
	More than \$250
	Exactly \$250
	Less than \$250
	DON'T KNOW/REFUSED
K21.	Was it
	\$50 or less, 01
	Between \$51 and \$100, 02
	Between \$101 and \$150,
	Between \$151 and \$200, 04
	Or, between \$201 and \$250? 05
	DON'T KNOW/REFUSED

K22. Was it . . .

Between \$250 and \$300,	01
Between \$301 and \$350,	02
Between \$351 and \$400,	03
Between \$401 and \$450,	04
Or, over \$450?	05
DON'T KNOW/REFUSED	-3

L1.	NO QUESTION THIS VERSION.
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male of female?
	MALE 01
	FEMALE 00
L3.	Are you now
	Married, 01
	Living with someone as married, 02
	Widowed, 03
	Divorced,
	Separated,
	Or have you never been married? 06

DEMOGRAPHIC INFORMATION

L.

L4.	What is the highest grade or level of school that you have completed?
	FIRST GRADE 01
	SECOND GRADE 02
	THIRD GRADE
	FOURTH GRADE 04
	FIFTH GRADE
	SIXTH GRADE
	SEVENTH GRADE 07
	EIGHTH GRADE 08
	NINTH GRADE
	TENTH GRADE 10
	ELEVENTH GRADE 11
	TWELFTH GRADE 12
	GRADUATED HIGH SCHOOL (DIPLOMA) 13
	GED 14
	VOCATIONAL TRAINING PROGRAM CERTIFICATE
	SOME COLLEGE 16
	TWO- OR FOUR-YEAR COLLEGE DEGREE
	OTHER (SPECIFY)
	DON'T KNOW
	REFUSED3
L5.	Are you Hispanic, Latino or of Spanish origin?
	YES
	NO
	DON'T KNOW
	REFUSED -3

L6. What is your racial background? Choose one or more of the following races . . . INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING. White, 01 Black or African American, 02 Asian, 04 Native Hawaiian or Other Pacific Islander? 05 L7. Is everyone in your household a U.S. citizen? L7a. Is anyone in your household a U.S. citizen? L8. These are all my questions. Thank you very much for your time. **TIME ENDED:** |__|_|:|__| AM....01 PM....02

M.	(To be filled out after interview is completed.)
M1.	In general, was the respondent's understanding of the questions?
	CIRCLE ONE
	EXCELLENT 01
	GOOD 02
	FAIR 03
	POOR 04
M2.	Did the respondent seem to have any trouble understanding English?
	YES 01
	NO
M3.	Were there any questions that the respondent complained about?
	YES 01

M3a. Please list the questions and describe the problems.

Question	Problem

M4.	Were there any	questions	which the	respondent	didn't u	nderstand?
IVIT.	vvoic thore arry	questions	WITHOUT LITE	respondent	alail t a	i aci stana :

YES																																C) '
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	-----

M4a. Please list the questions and describe the problems.

Question	Problem

,	es ine respona	ent had which	n are not desc

OMB No.: 0584-0486 Expiration Date: 11/98

ELDERLY PARTICIPANT SHORT INTERVIEW

Inte	erviewer ID:			Date Com	pleted:	_ Month	/ <u> </u> /1 Day	9 <u> </u> _ Year
MP	PR ID: _	_					24,	. • • •
Na	me of Original	l Responder	nt:				_	
Na	me of Respon	ndent:					_	
Ph	one Number:	- Area Code		_ _ _	<u> </u>			
Tin	ne Zone: 9 E	astern 9	Central	9 Mounta	in			
9 E	Elderly in Hous	sehold						
	Callbacks/A	ppointments	3					
	Intv ID	Date	Time	Status	Callbac	k Date	Callbac	k Time
		/_	A/P		/	/		_A/P
		/_	A/P		/	/		_A/P
		/	A/P		/	/		_A/P
	NOTES:							
STA	TUS CODES:	INTERIM				FINAI	_	
21 22 23 24 25 27 28 29	CALLBACK/APPOINTM CALLBACK/NO APPOINTM CALLBACK/NO APPOINTM NO ANSWER/BUSY ANSWERING MACHIN WRONG#/CHANGED INITIAL REFUSAL(SCI INCOMPLETE/BREAK RESPONDENT OUT C RESPONDENT WILL C NEEDS NEW LETTER OTHER	MENT INTMENT JE # REENER COMPLETE OFF DF TOWN CALL MPR	E)	04 UNL0 05 UNA 06 CHR 07 ANS	USAL DMPLETE/BREA OCATABLE VAILABLE DUR ONIC NO ANSV WERING MACH RIER (LANG/PH	AKOFF RING FIELD PE WER/BUSY HINE		

OMB No.: 0584-0486

INTER	VIEWER ID #:	DATE: _ / /19 MONTH DAY YEAR
		TIME BEGAN: _ : AM01 PM02
	WP & P	E STUDY
	Main Questionnaire: E	Elderly ParticipantShort
Α.	HOUSEHOLD COMPOSITION	
A1s.		nold are 60 years of age or older? By household the currently live with you and share food with
	PROBE: Include any persons when	ho live with you more than half time.
A2s.	Including yourself, how many peoage?	ople in your household are under 18 years of
A3s.	Including yourself, how many peopay?	ople in your household currently work at a job fo
	NONE	00 ! SKIP TO C4
A4s.	Do you work at a job for pay?	
		01
	NO	00

C.	FSP PARTICIPATION HISTORY
C1 C3a.	NO QUESTIONS THIS VERSION.
C4.	How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card? PROBE: In Colorado, the EBT card is called Colorado Quest. In Massachusetts, the EBT card is called an EBT card.
	In Texas, the EBT card is called the Lone Star card. No EBT card in Minnesota, North Carolina or Pennsylvania.
	COUPONS
C4a C11.	NO QUESTIONS THIS VERSION.
C12.	In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?
	YES

B. NO SECTION B

C13.	Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	_
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW1
C13a C13b.	NO QUESTIONS THIS VERSION.
C13c.	Do you ever do things so that people will not find out you receive food stamp benefits?
	PROBE: For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.
	YES 01
	NO

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores, are you sometimes treated disrespectfully by either employees or customers?	01	00
b.	Are you embarrassed to use food stamp benefits?	01	00
C.	Do you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Do you feel that you really needed food stamp benefits to make it through the month?	01	00
e.	Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Do you have any difficulties arranging meetings with your caseworker at convenient times?	01	00
g.	Do food stamp office staff ever treat you disrespectfully?	01	00

C15. Have you experienced other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES 0	1
NO	0 ! SKIP TO D2

C16.	Please describe those difficulties.	RECORD VERBATIM			
			 	1.1	

D.	HISTORY OF	APPLICATIONS
----	------------	---------------------

D1. NO QUESTION THIS VERSION.

D2. When was the last time you applied for food stamp benefits?

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado Colorado Works

Massachusetts Transitional Aid to Families with Dependent Children

Minnesota MFIP Minnesota's Family Investment Program

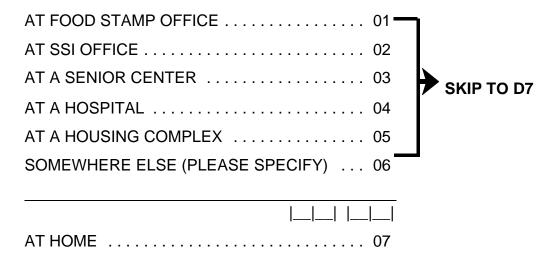
North Carolina Work First Benefits

Pennsylvania TANF Texas TANF

YES	01
NO	00
DON'T KNOW	-1

D4a.	The last time you applied, did you or someone else mail or take the application form to a food stamp office?							
	YES 01 ! SKIP TO D4c							
	NO							
	DON'T KNOW1							
D4b.	Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?							
	<u>CIRCLE ONE</u>							
	AN SSI OFFICE, 01							
	A SENIOR CENTER, 02							
	A HOSPITAL,							
	A HOUSING COMPLEX, OR 04							
	SOMEWHERE ELSE? (PLEASE SPECIFY) . 05							
D4c.	The last time you applied, did you apply yourself or did an authorized representative apply for you?							
	APPLIED MYSELF							
	AUTHORIZED REPRESENTATIVE 02							

D4d. Where did (you/your authorized representative) have the interview with your caseworker?



D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE	٠.					٠.	01
VISIT BY CASEWORKER							02

D4f.D4i. **NO QUESTIONS THIS VERSION.**

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell?	01	00
b. NO QUESTION THIS VERSION.		
c. The number of people in your household changed?	01	00
d. NO QUESTION THIS VERSION.		
e. It was getting harder and harder to make ends meet?	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	01	00
g. NO QUESTION THIS VERSION.		
h. NO QUESTION THIS VERSION.		
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY)	01	00

D5a	
-----	--

D6. NO QUESTIONS THIS VERSION.

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

			CIRCLE "YES" OR "NO"		
			YES	<u>NO</u>	N/A
	a.	Was it difficult or expensive for you to get transportation to the food stamp office?	01	00	
	b.	Did you have to go to the food stamp office even though your health or disability made it difficult?	01	00	
	C.	Was it difficult for you to take time off from work to apply for food stamp benefits?	01	00	-4
	d.	Did you lose wages when you went to apply for food stamp benefits?	01	00	-4
	e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office?	01	00	
	f.	Did you have to wait a long time to be served at the food stamp office?	01	00	
		PROBE: A long time from your point of view.			
	g.	Were staff at the food stamp office disrespectful?	01	00	
	h.	Do you think the application form was too long and complicated?	01	00	
	i.	Did your caseworker ask you questions that were too personal?	01	00	
	j.	Was it difficult for you to get all the necessary paperwork?	01	00	
	k.	Did you feel embarrassed having to apply for food stamps?	01	00	
D7a.		you experience other difficulties applying for food see not already mentioned?	stamp be	enefits tha	t you
		YES		SKIP TO	D8

have not already mentioned?
YES
Please describe those difficulties. RECORD VERBATIM

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?



D9.	Why didn't you complete the application process at that time?
	RECORD VERBATIM AND CIRCLE ALL THAT APPLY.

CIRCLE ALL THAT APPLY

DIDN'T THINK ELIGIBLE
BENEFIT TOO LOW 02
APPLICATION TOO TIME-CONSUMING 03
APPLICATION FORM TOO COMPLICATED
APPLICATION TOO PERSONAL 05
TOO MUCH PAPERWORK 06
DIDN'T KNOW HOW TO COMPLETE THE PROCESS
NOT TREATED WELL BY STAFF 08
STIGMA/EMBARRASSMENT/PRIDE 09
HEALTH/MOBILITY PROBLEMS 10
LANGUAGE/LITERACY PROBLEMS 11
MY SITUATION CHANGED 12
TRANSPORTATION PROBLEM 13
HARD TO GET TIME OFF WORK 14
LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE
OTHER (SPECIFY)

10.	In the past 3 years, have you applied for food stamp benefits and been found ineligible?
	YES
D11.	Thinking about the last time you applied for food stamp benefits and were found ineligible to receive food stamp benefits, why were you found ineligible? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	<u>CIRCLE ALL THAT APPLY</u>
	INCOME TOO HIGH 01
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

PROBE: By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.



The last time that happened, why didn't you use them AND CIRCLE ALL THAT APPLY.	n? RECORD VERE
	_
CIRCLE A	ALL THAT APPLY
EMBARRASSED TO USE FOOD STAMP BENEFITS	01
NOT TREATED WELL IN FOOD STORES	02
NO STORES NEARBY THAT ACCEPT FOOD STAMP BENEFITS	03
DID NOT LIKE TO SHOP AT STORES THAT ACCEPT FOOD STAMP BENEFITS	04
NOT TREATED WELL BY OFFICE/ PROGRAM	05
TOO HARD TO PICK UP COUPONS/ STAMPS	06
STAMPS OR EBT CARD WERE LOST OR STOLEN	07
BENEFIT AMOUNT WAS TOO SMALL	08
DID NOT NEED FOOD STAMPS	09
OTHER (SPECIFY)	10

D14.-D16. **NO QUESTIONS THIS VERSION.** D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. Did you receive a lot of help with the application?	01	00
b. Did other family members or friends encourage you to get food stamp benefits?	01	00
c. Do you feel it's OK to receive food stamp benefits because you pay taxes?	01	00
d. Do you feel you couldn't get by on your own without food stamp benefits?	01	00
e. Are you uncomfortable getting food from family, friends, charities, or other programs?	01	00

D18. Are there other circumstances that we haven't mentioned that helped you decide to use food stamp benefits?

YES		01 —	٦
NO		00	
(PLEASE SPECIFY):		_	
	_ _	_	

D19. INTERVIEWER: CHECK QUESTION D17a. DID THEY RECEIVE A LOT OF HELP WITH THE APPLICATION?

YES	01	
NO	00.1	SKIP TO G

	CIRCLE ALL THAT APPLY
	TRANSPORTATION TO THE OFFICE 01
	HAVING SOMEONE BE WITH ME AT THE FOOD STAMP OFFICE 02
	HAVING SOMEONE ELSE GO TO OFFICE INSTEAD OF ME
	TRANSLATION 04
	HELP FILLING OUT APPLICATION 05
	HELP OBTAINING NECESSARY DOCUMENTATION
	OTHER (SPECIFY)
Who p	provided this help?
	CIRCLE ALL THAT APPLY
	CASEWORKER 01
	CASEWORKER 01 RELATIVE, FRIEND, OR NEIGHBOR 02
	RELATIVE, FRIEND, OR NEIGHBOR 02
	RELATIVE, FRIEND, OR NEIGHBOR 02 CLERGYMAN

E.	NO SECTION E
F.	NO SECTION F
G.	FOOD SECURITY
G1.	Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).
	The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?
	Often true
	Sometimes true
	Never true
	DON'T KNOW1
G2 G4.	NO QUESTIONS THIS VERSION.
G4s.	INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES

G5.	"(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?
	PROBE: By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.
	Often true 01
	Sometimes true
	Never true 03
	DON'T KNOW1
G6 G8.	NO QUESTIONS THIS VERSION.
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1
G10	NO OUESTIONS THIS VERSION
G12.	NO QUESTIONS THIS VERSION.

G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
	YES
G14.	NO QUESTION THIS VERSION.
G14s.	INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES
G15.	NO QUESTION THIS VERSION.
G16.	The next questions are about children living in the household who are under 18 years old.
	In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW1
G17 G19.	NO QUESTIONS THIS VERSION.

H.	NO SECTION H
I.	NO SECTION I
J.	NO SECTION J
K.	NO SECTION K
L.	DEMOGRAPHIC INFORMATION
L1.	Now, I have just a few final questions.
	Can you tell me your age?
	/ / 19 MONTH DAY YEAR
	OR _ YEARS OLD
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male or female?
	MALE 01
	FEMALE 00
L3.	Are you now
	Married,
	Living with someone as married, 02
	Widowed, 03
	Divorced,
	Separated,
	Or have you never been married? 06

L4.	What is the highest grade or level of school that you have completed?
	FIRST GRADE 01
	SECOND GRADE 02
	THIRD GRADE
	FOURTH GRADE 04
	FIFTH GRADE
	SIXTH GRADE
	SEVENTH GRADE
	EIGHTH GRADE 08
	NINTH GRADE
	TENTH GRADE
	ELEVENTH GRADE 11
	TWELFTH GRADE 12
	GRADUATED HIGH SCHOOL (DIPLOMA) 13
	GED14
	VOCATIONAL TRAINING PROGRAM CERTIFICATE
	SOME COLLEGE 16
	TWO- OR FOUR-YEAR COLLEGE DEGREE
	OTHER (SPECIFY)
	DON'T KNOW
	REFUSED3
L5.	Are you Hispanic, Latino or of Spanish origin?
	YES 01
	NO
	DON'T KNOW
	DEELISED _3

L6.	What is your racial background? Choose one or more of the following races
	INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.
	White, 01
	Black or African American, 02
	American Indian or Alaska Native, 03
	Asian, 04
	Native Hawaiian or Other Pacific Islander? 05
	OTHER (SPECIFY)
	<u> </u>
	DON'T KNOW
L7 L7a.	NO QUESTIONS THIS VERSION.
L8.	These are all my questions. Thank you very much for your time.
	TIME ENDED: : AM01 PM02

M.	INTERVIEWER OBSERVATIONS (To be filled out after interview is completed.)
M1.	In general, was the respondent's understanding of the questions?
	CIRCLE ONE
	EXCELLENT 01
	GOOD 02
	FAIR 03
	POOR 04
M2.	Did the respondent seem to have any trouble understanding English?
	YES 01
	NO
M3.	Were there any questions that the respondent complained about?
	YES 01

M3a. Please list the questions and describe the problems.

Question	Problem

M4.	Were there and	v questions	which the	respondent	didn't	understand?
IVIT.	Word thord arr	y questions	WITHOUT UTC	respondent	alall t	anacistana.

YES

M4a. Please list the questions and describe the problems.

Question	Problem

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ELDERLY PARTICIPANT LONG INTERVIEW

Inte	erviewer ID:		<u> </u>	Date Com	•	_ Month	/ /1 Dav	9 <u> </u> _ Year
MP	R ID: _							
Naı	me of Origina	ıl Respondei	nt:				<u> </u>	
Naı	me of Respor	ndent:					_	
	one Number:							
Tim	ne Zone: 9 E	astern 9	Central	9 Mounta	iin			
9 E	Elderly in Hou	sehold						
	Callbacks/A	ppointments	S					
	Intv ID	Date	Time	Status	Callback	Date	Callbac	k Time
		/	A/P		/_			_A/P
		/	A/P		/_			_A/P
		/	A/P		/_			_A/P
	NOTES:							
STA	TUS CODES:							
20	CALL BACK/ADDOINT	INTERIM		01 001	ADI ETE	FINAL		
21 22 23 24 25 27 28 29	20 CALLBACK/APPOINTMENT 21 CALLBACK/NO APPOINTMENT 22 NO ANSWER/BUSY 23 ANSWERING MACHINE 24 WRONG#/CHANGED # 25 INITIAL REFUSAL(SCREENER COMPLETE) 27 INCOMPLETE/BREAKOFF 28 RESPONDENT OUT OF TOWN 29 RESPONDENT WILL CALL MPR 30 NEEDS NEW LETTER 31 OTHER		≣)	04 UNL 05 UNA 06 CHR 07 ANS	USAL OMPLETE/BREAKO OCATABLE VAILABLE DURING ONIC NO ANSWE WERING MACHIN RIER (LANG/PHY/	G FIELD PE R/BUSY E	RIOD	

QC: CODER: _____ DATE: ____

OMB No.: 0584-0486

INTERVIEWER ID #: _ _	DATE: _ / /19 MONTH DAY YEAR
MPR ID #:	
	TIME BEGAN: _ : AM01 PM02

WP & PE STUDY

Main Questionnaire: Elderly Participant--Long

A. HOUSEHOLD COMPOSITION

A1. Please tell me the first name or initials of each person who currently lives in your household starting with you. By household I mean people who live with you and share food with you.

PROBE: Include any persons who live with you more than half time.

- A2. How is (NAME) related to you? **ENTER CODE BELOW.**
- A3. How old (are you/is NAME)? **PROBE:** Your best estimate is fine.

Person	A1.	A2.	A3.
Number	First Name or Initials	Relationship	Age
1.		SELF	 DON'T KNOW1
2.			_ DON'T KNOW1
3.			 DON'T KNOW1
4.		_	 DON'T KNOW1
5.			 DON'T KNOW1
6.		_	 DON'T KNOW1
7.			 DON'T KNOW1
8.		_	 DON'T KNOW1
9.			 DON'T KNOW1
10.		_	 DON'T KNOW1

RELATIONSHIP CODES 06 GRANDMOTHER 11 OTHER MALE RELATIVE 07 SON/STEPSON OR NONRELATIVE 08 DAUGHTER/STEPDAUGHTER 12 OTHER FEMALE RELATIVE 09 BROTHER/STEPBROTHER OR NONRELATIVE

10 SISTER/STEPSISTER

01 MALE SPOUSE/PARTNER

03 FATHER/STEPFATHER04 MOTHER/STEPMOTHER

05 GRANDFATHER

02 FEMALE SPOUSE/PARTNER

I've recorded the following names (READ NAI else such as babies or small children? Anyon now away from home, or anyone else staying	e who usually lives with you but is
YES 01 !	GO BACK AND CORRECT A1-A3
NO 00	
	else such as babies or small children? Anyon now away from home, or anyone else staying YES

- B. KNOWLEDGE OF THE FSP
- B1. **NO QUESTION THIS VERSION.**
- B2. As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?

B3.-

B8. **NO QUESTIONS THIS VERSION.**

- C. FSP PARTICIPATION HISTORY
- C1.C3. **NO QUESTIONS THIS VERSION.**
- C4. How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card?

PROBE: In Colorado, the EBT car is called Colorado Quest.
In Massachusetts, the EBT card is called an EBT card.

In Texas, the EBT card is called the Lone Star card.

No EBT card in Minnesota, North Carolina or Pennsylvania.

- C4a.-C11. **NO QUESTIONS THIS VERSION.**
- C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

benefits	ng about the last time you were found ineligible to receive food stamps, what were the reasons? RECORD VERBATIM AND CIRCLE ALL APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH01
	TOO MANY ASSETS
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY)
	DON'T KNOW1
NO QU	JESTIONS THIS VERSION.
Do you benefits	ever do things so that people will not find out you receive food stamps?
PROBE	E: For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.
	YES 01
	NO

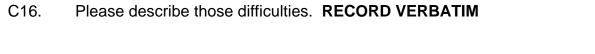
C14. Now I'm going to ask you some questions about your experiences with food stamp benefits.

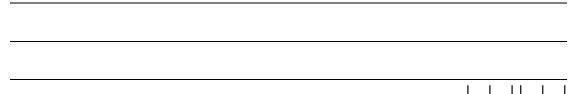
CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	When using food stamp benefits in stores, are you sometimes treated disrespectfully by either employees or customers?	01	00
b.	Are you embarrassed to use food stamp benefits?	01	00
C.	Do you have any difficulties obtaining your monthly food stamp benefits?	01	00
d.	Do you feel that you really need food stamp benefits to make it through the month?	01	00
e.	Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits?	01	00
f.	Do you have any difficulties arranging meetings with your caseworker at convenient times?	01	00
g.	Do food stamp office staff ever treat you disrespectfully?	01	00

C15.	Have you experienced other difficulties with food stamp benefits that you have
	not already mentioned? Please do not include any difficulties you had applying,
	we will ask about this later.

YES 01	
NO 00 !	SKIP TO D2





D.	HISTORY OF APPLICATIONS

NO QUESTION THIS VERSION.

D1.

D2.	When was the	last time v	ou applied for	food stamp	henefits?
DZ.	Wilch was the	iasi iiiiie y	ou applieu ioi	1000 Starrip	Delielle:

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado Colorado Works
Massachusetts Transitional Aid to Families with Dependent Children
Minnesota MFIP Minnesota's Family Investment Program
North Carolina Work First Benefits
Pennsylvania TANF

Pennsylvania TANF Texas TANF

YES	01
NO	00
DON'T KNOW	1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES	01!	SKIP TO D4c
NO	00	
DON'T KNOW	-1	

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else? CIRCLE ONE AN SSI OFFICE, 01 A SENIOR CENTER, 02 A HOSPITAL, 03 SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05 D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you? APPLIED MYSELF 01 AUTHORIZED REPRESENTATIVE 02 Where did (you/your authorized representative) have the interview with your D4d. caseworker? AT FOOD STAMP OFFICE 01 SKIP TO D4f AT A HOUSING COMPLEX 05. SOMEWHERE ELSE (PLEASE SPECIFY) .. 06 __| |__| AT HOME 07

D4e.	Did you have your interview by telephone or did a caseworker come to your home?
	BY TELEPHONE
D4f.	The last time you applied, did you take time off from work to apply for food stamp benefits?
	YES
D4g.	NO QUESTION THIS VERSION.

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell?	01	00
b. You or someone in your household lost a job?	01	00
c. The number of people in your household changed?	01	00
d. You or someone in your household became ill or disabled?	01	00
e. It was getting harder and harder to make ends meet?	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)?	01	00
g. You couldn't get the kinds of food you needed from family, friends, government programs, or other sources?	01	00
h. You didn't want to get food from family, friends, government programs, or other sources?	01	00
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY)	01	00

D5a.-D6. **NO QUESTIONS THIS VERSION.** D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "Y	ES" OR	"NO"
		YES	<u>NO</u>	N/A
a.	Was it difficult or expensive for you to get transportation to the food stamp office?	01	00	
b.	Did you have to go to the food stamp office even though your health or disability made it difficult?	01	00	
C.	Was it difficult for you to take time off from work to apply for food stamp benefits?	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits?	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office?	01	00	
f.	Did you have to wait a long time to be served at the food stamp office?	01	00	
g.	Were staff at the food stamp office disrespectful?	01	00	
h.	Do you think the application form was too long and complicated?	01	00	
i.	Did your caseworker ask you questions that were too personal?	01	00	
j.	Was it difficult for you to get all the necessary paperwork?	01	00	
k.	Did you feel embarrassed having to apply for food stamps?	01	00	

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

NO		 						 						 							00!	SKIP	то	D8
YES	· .	 ٠.	•	•	•	•	 ٠	 	•	•	•	•		•	•	•	•	•	•	•	01			

- D7b. Please describe those difficulties. RECORD VERBATIM
- D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES	01
NO	00
DON'T KNOW	-1 → SKIP TO D10
REFUSED	-3

•	idn't you complete the application process at that time? RD VERBATIM AND CIRCLE ALL THAT APPLY.
	<u> </u>
	CIRCLE ALL THAT APPL
	DIDN'T THINK ELIGIBLE
	BENEFIT TOO LOW 02
	APPLICATION TOO TIME-CONSUMING 03
	APPLICATION FORM TOO COMPLICATED
	APPLICATION TOO PERSONAL 05
	TOO MUCH PAPERWORK 06
	DIDN'T KNOW HOW TO COMPLETE THE PROCESS07
	NOT TREATED WELL BY STAFF 08

STIGMA/EMBARRASSMENT/PRIDE 09

HEALTH/MOBILITY PROBLEMS 10

LANGUAGE/LITERACY PROBLEMS 11

MY SITUATION CHANGED 12

HARD TO GET TIME OFF WORK 14

FOOD STAMP OFFICE 15

LOSE WAGES WHEN I GO TO

D10.	In the past 3 years, have you applied for food stamp benefits and been found ineligible?
	YES
D11.	Thinking about the last time you applied for food stamps and were found ineligible, why were you found ineligible? RECORD VERBATIM AND CIRCLE ALL THAT APPLY.
	CIRCLE ALL THAT APPLY
	INCOME TOO HIGH 01
	TOO MANY ASSETS 02
	MISSING PAPERWORK 03
	CITIZENSHIP STATUS 04
	DID NOT SATISFY WORK REQUIREMENTS
	ON STRIKE FROM JOB 06
	OTHER (SPECIFY) 07
	DON'T KNOW1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

PROBE: By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES	01
NO	00 SKIR TO D17
DON'T KNOW	-1 — SKIF 10 D17

<u>CIRCLE ALL THAT APPLY</u>
EMBARRASSED TO USE FOOD STAMP BENEFITS
NOT TREATED WELL IN FOOD STORES 02
NO STORES NEARBY THAT ACCEPT FOOD STAMP BENEFITS
DID NOT LIKE TO SHOP AT STORES THAT ACCEPT FOOD STAMP BENEFITS 04
NOT TREATED WELL BY OFFICE/ PROGRAM
TOO HARD TO PICK UP COUPONS/ STAMPS06
STAMPS OR EBT CARD WERE LOST OR STOLEN
BENEFIT AMOUNT WAS TOO SMALL 08
DID NOT NEED FOOD STAMPS 09

D14.-D16c. **NO QUESTIONS THIS VERSION.** D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO" FOR EACH STATEMENT

		<u>YES</u>	<u>NO</u>
a.	Did you receive a lot of help with the application?	01	00
b.	Did other family members or friends encourage you to get food stamp benefits?	01	00
C.	Do you feel it's OK to receive food stamp benefits because you've paid taxes?	01	00
d.	Do you feel you couldn't get by on your own without food stamp benefits?	01	00
e.	Are you uncomfortable getting food from family, friends, charities, or other programs?	01	00

D18. Are there other circumstances that I haven't mentioned that helped you decide to use food stamp benefits?

Y	ES 01	
Ν	0	
	(PLEASE SPECIFY):	_

D19. INTERVIEWER: CHECK QUESTION D17a. DID THEY RECEIVE A LOT OF HELP WITH THE APPLICATION?

YES	 ٠.	٠.	٠.	 	٠.	•	 	•					 •	•	01			
NO															00.1	SKIP	TO	F

	_
	CIRCLE ALL THAT APPLY
	TRANSPORTATION TO THE OFFICE 01
	HAVING SOMEONE BE WITH ME AT THE FOOD STAMP OFFICE 02
	HAVING SOMEONE ELSE GO TO OFFICE INSTEAD OF ME
	TRANSLATION 04
	HELP FILLING OUT APPLICATION 05
	HELP OBTAINING NECESSARY DOCUMENTATION
	OTHER (SPECIFY) 07
Who pr	ovided this help?
	CIRCLE ALL THAT APPLY
	CASEWORKER 01
	RELATIVE, FRIEND, OR NEIGHBOR 02
	CLERGYMAN 03
	COMMUNITY WORKER (OUTREACH WORKER OR LEGAL AID REPRESENTATIVE)
	VOLUNTEER AT FOOD STAMP OFFICE 05
	OTHER (SPECIFY)

E. NO SECTION E

F.	RECEIPT OF FOOD ASSISTANCE										
F1.	During the past 12 months, did (you/anyone in the household) ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?										
	PROBE: By facility we mean places such as a senior center or community center or some other special place with a meal program.										
	YES										
F1a.	INTERVIEWER: ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?										
	YES										
F2.	During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?										
	YES										

ATTEND DAY CARE PROGRAM-4

CHILD/CHILDREN DO NOT

F3.	Not counting meals at Head Start or daycare programs, during the past 12 months, did any children in the household ever receive free or reduced-cost lunches at school?
	YES 01
	NO
	DON'T KNOW1
	CHILD/CHILDREN DO NOT ATTEND SCHOOL 04! SKIP TO F5
F4.	During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?
	YES 01
	NO
	DON'T KNOW1
F5.	INTERVIEWER: CHECK QUESTION A3. IS ANYONE IN THIS HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN UNDER 45 YEARS OF AGE?
	YES 01
	NO
F6.	During the past 12 months, did (you/anyone in the household) ever get food through the WIC program?
	PROBE: By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages and nutrition education to women, infants, and young children.
	YES 01
	NO
	DON'T KNOW1

F7.	During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any other kind of program?												
	YES 01												
	NO												
	DON'T KNOW												
	(SPECIFY PROGRAM):												
F8.	In the last 12 months, did you (or other adults in your household) ever get food borrow money for food from friends or relatives?												
	YES 01												
	NO												
	DON'T KNOW1												
F9.	In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?												
	YES												
	NO												
	DON'T KNOW												
F10.	In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?												
	YES 01												
	NO												
	DON'T KNOW1												

or

F10a.	In the last 12 months, did you (or or reduced-price meals at work?	other adults in the household) ever receive free
	VEC	04

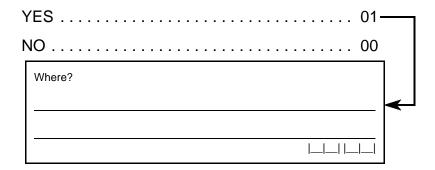
YES	. 01
NO	. 00
DON'T KNOW	1

F11. Some people are able to get food from their own garden or farm, or from hunting or fishing. During the last 12 months, did you (anyone in the household) ever get food from . . .

	<u>\</u>	<u>/ES</u>	<u>NO</u>
a.	Your own vegetable garden?	01	00
b.	Meat, poultry, or eggs from animals you raise?	01	00
C.	Meat or fish from hunting or fishing?	01	00

F11a. In the last 12 months, did you (or other adults in your household) ever get free food from any source we haven't already mentioned?

PROBE: Please include any free meals or groceries that you receive from any person or source that we haven't already mentioned.



F12. **NO QUESTION THIS VERSION.**

INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (*), CIRCLE THE QUESTION NUMBER.

G. FOOD SECURITY

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true	01 *
Sometimes true	02 *
Never true	03
DON'T KNOW	-1

G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true	01 '
Sometimes true	02 '
Never true	03
DON'T KNOW	-1

G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true	٠.		 •		 •	 ٠					•	•	•		(J 1	7
Sometimes	tru	е													()2	*
Never true															(03	
DON'T KNO)W							_	_	_						-1	

G4.	INTERVIEWER: CHECK QUESTION A UNDER 18 IN THE HO	
	YES	01
	NO	00 ! SKIP TO G8
G5.	·	-cost food to feed (my/our) child/the ing out of money to buy food." Was that /your household) in the last 12 months?
	PROBE: By low-cost food we mean ric potatoes, or foods like that.	e, beans, macaroni products, bread, or
	Often true	
	Sometimes true	02 *
	Never true	03
	DON'T KNOW	1
G6.	"(I/We) couldn't feed (my/our) (child/child couldn't afford that." Was that often, so household) in the last 12 months? Often true	metimes, or never true for (you/your
	Sometimes true	02 *
	Never true	03
	DON'T KNOW	1

G7.	"(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?
	Often true 01 *
	Sometimes true
	Never true 03
	DON'T KNOW1
G8.	INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 22 AND 23? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02)?
	YES 01
	NO
G9.	In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
	YES 01
	NO
G9a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months
	DON'T KNOW1

G10.	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
	YES 01
	NO
	DON'T KNOW1
G11.	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
	YES 01 *
	NO
	DON'T KNOW1
G12.	In the last 12 months, did you lose weight because you didn't have enough money for food?
	YES 01 *
	NO
	DON'T KNOW
G13.	In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
	YES 01 *
	NO
	DON'T KNOW1 → SKIP TO G14

G13a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?
	Almost every month 01
	Some months but not every month 02
	Only 1 or 2 months 03
	DON'T KNOW1
G14.	INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?
	YES
	NO
G15.	INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 24 AND 25? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?
	YES 01
	NO
G16.	The next questions are about children living in the household who are under 18 years old.
	in the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?
	YES 01
	NO
	DON'T KNOW1

G17.	In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?							
	YES 01							
	NO							
	DON'T KNOW							
G17a.	How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months?							
	Almost every month 01							
	Some months but not every month 02							
	Only 1 or 2 months							
	DON'T KNOW1							
G18.	In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?							
	YES 01							
	NO							
	DON'T KNOW1							
G19.	In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?							
	YES 01							
	NO							
	DON'T KNOW1							

H. EMPLOYMENT HISTORY

H1.	Including yourself, which people in your	household work at a job for pay?	RECORD NAMES AT H1.

NONE 00 ! SKIP TO I1 HOUSEHOLD NAMES RECORDED BELOW ... 01

H2. How many hours per week (does NAME/do you) usually work for pay? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"

H3. How much (does NAME/do you) earn on this job, <u>before taxes and any other deductions are taken out?</u> **RECORD BELOW FOR EACH PERSON.**

INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."

PROBE: What is (NAME'S/YOUR) gross pay?

	H1	H2			Н3		
	Name	Hours Per Week	Hourly Wage	OR	Salary	Per	Salary Basis
1	- CODER: Person # from A1:	_ DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
2		_ DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
3	- CODER: Person # from A1:	_ DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06
4	- CODER: Person # from A1:	 DON'T KNOW1	\$. /HR. DON'T KNOW1	OR	\$ _, DON'T KNOW1	Per	Day 01 Week 02 2 Weeks 03 2X Month 04 Month 05 Year 06

5		_	\$ _ /HR.	OR	\$ _ ,	Per	Day 01
	_						Week 02
		DON'T KNOW1	DON'T KNOW1		DON'T KNOW1		2 Weeks 03
	CODER:						2X Month 04
	Person # from A1:						Month 05
							Year 06

H4.-H11. NO QUESTIONS THIS VERSION.

I. HEALTH

I1. Would you say that your current health condition is excellent, good, fair or poor?

EXCELLENT	01
GOOD	02
FAIR	03
POOR	04

I2. Next, I will read a list of activities with which some people have difficulty because of a health or physical reason. Please tell me if you have no difficulty, some difficulty, a great deal of difficulty, or are unable to do these activities without the use of aids or another person?

	NO DIFFICULTY	SOME DIFFICULTY	A GREAT DEAL OF DIFFICULTY	UNABLE TO DO	DON'T KNOW/ DON'T DO
a. Eating, bathing, dressing, getting around your home or other personal care needs	01	02	03	04	-1
b. Managing your money (such as keeping track of your expenses or paying bills, balancing a check book, or filling out tax forms)	01	02	03	04	-1
c. Getting out of your home to shop or visit a doctor's office	01	02	03	04	-1

J. SOCIAL SUPPORTS

J1. How long have you lived in your neighborhood?

IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD NUMBER OF MONTHS.

	_ / _ S MONTH	•
	OR	
SINCE	 MONTH	19 YEAR

J2. In a typical week during the past year, how often did you get together in person with friends, neighbors, or relatives? By get together I mean going out together or visiting in each other's homes? Did you get together . . .

Every day,	07
Five or six times a week,	05
Three or four times a week,	03
Once or twice a week, or	01
Less than that?	00

J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

<u>CIRCI</u>	<u> E ONE</u>
LESS THAN 30 MINUTES AWAY	01
30 MINUTES TO 2 HOURS AWAY	02
MORE THAN 2 HOURS AWAY	03
NO LIVING CHILDREN OR RELATIVES	-4

K. INCOME AND EXPENSES

K1.	Which of the following best describes where you live now	
	A place you own, 01	
	A place you rent, 02 ! SKIP TO K5	

K2. What is your monthly mortgage payment?

\$ |___|, |___|

K3. (Do you/Does your household) make a separate home insurance payment?

YES 01

K4. (Do you/Does your household) pay a separate property tax bill?

K5.	What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.
	PROBE: Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.
	\$,
	DON'T KNOW1
K5a.	(Do you/Does your household) pay separate heating or air-conditioning costs?
	YES 01
	NO
K6.	INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?
	ONE 01 ! SKIP TO K7b
	MORE THAN ONE 02
K6a.	Last month, did (you/your household) pay out-of-pocket for the care of children or other dependents so that someone in your household could go to work, school, or a training program?
	YES 01
	NO
	DON'T KNOW1
K6b.	How much did (you/your household) pay out-of-pocket last month?
	\$,
	DON'T KNOW1

K7 K7a.	NO QUESTIONS THIS VERSION.
K7b.	Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.
	YES 01
	NO
	DON'T KNOW1
K8.	Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO?
	YES 01
	NO
	DON'T KNOW
K8a.	How much did (you/your household) pay last month. Please tell me only the amount that you and members of your household pay out-of-pocket.
	\$,
	DON'T KNOW1
K8b.	NO QUESTION THIS VERSION.
K9.	Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.
	\$,
	DON'T KNOW1

INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
1. CO: Colorado Works; MA: Transitional Aid to Families with Dependent Children; MN: MFIP Minnesota's Family Investment Program; NC: Work First Benefits PATX: Temporary Assistance for Needy Families (TANF)? YES01 NO00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	[STATE WELFARE NAME]/ Temporary Assistance for Needy Families (TANF)? YES	<u>NAME</u>	AMOUNT KNOW \$ _ , _ _ -1 \$ _ , _ _ -1 \$ _ , _ _ -1
General Assistance, general relief, or welfare?		General Assistance, general relief, or welfare?	NAME	DON'T AMOUNT KNOW
YES 01	\$, 6 ASK K12	YES 01	IVAIVIL	\$, -1
NO 00 6 ASK K12	DON'T KNOW1! GO TO K12	NO 00 6 GO TO K10.3		\$, -1
				\$, -1
				\$, -1
Social Security checks from the government?		Social Security checks from the government?	<u>NAME</u>	DON'T AMOUNT KNOW
YES 01	\$, _ 6 ASK K12	YES 01		\$, -1
NO 00 6 ASK K12	DON'T KNOW1 ! GO TO K12	NO 00 6 GO TO K10.4		\$, -1
				\$, -1
				\$, -1
Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?		Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?	<u>NAME</u>	AMOUNT KNOW \$, -1
YES 01	\$, _ 6 ASK K12	YES 01		\$, -1
NO 00 6 ASK K12	DON'T KNOW1 ! GO TO K12	NO 00 6 GO TO K10.5		\$, -1
10 00 0 ASK KIZ	I GO TO RIZ			\$, -1

	K10	K11	K12	K13	K14	
	iring (LAST MONTH) d you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (Na receive from (SOURCE) last mo ENTER AMOUNT RECEIVED FOR E NAME.	onth?
5.	SSI or Supplemental Security Income from the federal, state, or local government? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1! GO TO K12	SSI or Supplemental Security Income from the federal, state, or local government? YES 01 NO	<u>NAME</u>		DON'T KNOW -1 -1 -1 -1 -1
6.	Veteran's benefits? YES 01 NO 00 6 ASK K12	\$, 6 ASK K12 DON'T KNOW1 ! GO TO K12	Veteran's benefits? YES	<u>NAME</u>		DON'T KNOW -1 -1 -1 -1
7.	Unemployment Insurance or workman's compensation benefits? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	Unemployment Insurance or workman's compensation benefits? YES	<u>NAME</u>		DON'T KNOW -1 -1 -1 -1
8.	Any child support payments or alimony? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	Any child support payments or alimony? YES 01 NO	<u>NAME</u>	AMOUNT \$, \$,	DON'T KNOW -1 -1 -1 -1
9.	Payments from roomers or boarders? YES 01 NO 00 6 ASK K12	\$, _ 6 ASK K12 DON'T KNOW1! GO TO K12	Payments from roomers or boarders? YES 01 NO	<u>NAME</u>	<u>AMOUNT</u> \$,	DON'T KNOW -1 -1 -1 -1

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
Financial support from friends or family?		Financial support from friends or family?	<u>NAME</u>	DON'T AMOUNT KNOW
YES 01	\$, _ 6 ASK K12	YES 01		\$, -1
NO 00 6 ASK K12	DON'T KNOW1! GO TO K12	NO 00 6 GOTO K10.11		\$, -1
	KNOW1! GO TO K12			\$, -1
				\$, -1
Any other income such as income from business or prizes?		Any other income such as income from business or prizes?	<u>NAME</u>	DON'T AMOUNT KNOW
YES 01 ! (SPECIFY)		YES 01 ! SPECIFY		\$, -1
	\$, _ 6 ASK K12			\$, -1
NO 00 6 ASK K12	DON'T KNOW1! GO TO K12	NO 00 6 GO TO K15		\$, -1
		1.0 33 33 13 KI		\$, -1

K15.	Do you (or does anybody in your hou motorcycle? Please include any cars that you're making payments on.	,	
	YES		01
	NO		00 ! SKIP TO K18
K16.	What (is/are) the year(s), make(s), a motorcycle(s)?	nd model(s) of th	e car(s), truck(s), van(s), or
	PROBE:		Please include any vehicle owned by a household member.
	19 Make:	Model:	
	19 Make:	Model:	
	19 Make:	Model:	
	DON'T KNOW		1! ASK K17
	SKIP TO	K18	
K17.	INTERVIEWER: IF YEAR, MAKE O is the approximate members?		UNKNOWN, ASK: What hicle owned by household
	Vehicle 1: \$		
	Vehicle 2: \$		
	Vehicle 3: \$		

K18.	(Including yourself, is anyone in your household/Are you) legally required to pay child support?
	YES 01
	NO
K19.	In total, how much child support (was paid by all members of your household/did you pay) last month?
	\$, ! SKIP TO L2
	DON'T KNOW1
	REFUSED3
K20.	Would you tell me which of the following ranges best describes the total amount of child support paid last month?
	More than \$250
	Exactly \$250
	Less than \$250
	DON'T KNOW/REFUSED
K21.	Was it
	\$50 or less, 01
	Between \$51 and \$100,
	Between \$101 and \$150, 03
	Between \$151 and \$200, 04
	Or, between \$201 and \$250? 05
	DON'T KNOW/REFUSED

K22. Was it . . .

Between \$250 and \$300,	01
Between \$301 and \$350,	02
Between \$351 and \$400,	03
Between \$401 and \$450,	04
Or, over \$450?	05
DON'T KNOW/REFUSED)3

L.	DEMOGRAPHIC INFORMATION
L1.	NO QUESTION THIS VERSION.
L2.	CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS) Are you male of female?
	MALE 01
	FEMALE 00
L3.	Are you now
	Married, 01
	Living with someone as married, 02
	Widowed, 03
	Divorced,
	Separated,
	Or have you never been married? 06

L4.	What is the highest grade or level of school that you have completed?
	FIRST GRADE 01
	SECOND GRADE 02
	THIRD GRADE
	FOURTH GRADE 04
	FIFTH GRADE
	SIXTH GRADE
	SEVENTH GRADE 07
	EIGHTH GRADE 08
	NINTH GRADE
	TENTH GRADE 10
	ELEVENTH GRADE 11
	TWELFTH GRADE 12
	GRADUATED HIGH SCHOOL (DIPLOMA) 13
	GED14
	VOCATIONAL TRAINING PROGRAM CERTIFICATE
	SOME COLLEGE 16
	TWO- OR FOUR-YEAR COLLEGE DEGREE
	OTHER (SPECIFY)
	DON'T KNOW
	REFUSED
L5.	Are you Hispanic, Latino or of Spanish origin?
	YES 01
	NO
	DON'T KNOW1
	REFUSED -3

L6. What is your racial background? Choose one or more of the following races . . . INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING. White, 01 Black or African American, 02 American Indian or Alaska Native, 03 Asian, 04 Native Hawaiian or Other Pacific Islander? 05 L7. Is everyone in your household a U.S. citizen? L7a. Is anyone in your household a U.S. citizen? L8. These are all my questions. Thank you very much for your time. **TIME ENDED:** |__|_|:|__| AM....01 PM....02

IVI.	(To be filled out after interview is completed.)
M1.	In general, was the respondent's understanding of the questions?
	<u>CIRCLE ONE</u>
	EXCELLENT 01
	GOOD 02
	FAIR 03
	POOR 04
M2.	Did the respondent seem to have any trouble understanding English?
	YES 01
	NO 00
M3.	Were there any questions that the respondent complained about?
	YES 01
	NO

M3a. Please list the questions and describe the problems.

Question	Problem

M4.	Were there any	, augetione	which the	respondent	didn't ı	inderstand?
1VI 4 .	vvere there any	questions	willch the	respondent	ulull t	ii luei Stariu :

YES																																C) '
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M4a. Please list the questions and describe the problems.

Question	Problem

above.	describe any difficu	Ilties the respor	ndent had whic	n are not descr